which it is an attendant do not prove fatal, will gradually subside spontaneously; and the veins usually become clear again. Considering the nature and cause of the malady, we should be unwilling to resort to the use of leeches. Nevertheless, I have known decided relief follow their application when the pain and inflammation around the vein was considerable. Fomentations are sometimes attended with comfort.

Of the instances which I have seen, the greater number have been in males.* Nevertheless, it appears to be the same condition of the veins which in women, after delivery, usually constitutes the disease known by the name of "phlegmasia dolens." The cause of the disease, and the results disclosed by dissection, appear to correspond very closely, whether it be developed after parturition, or in the course of an illness; and the name "phlegmasia dolens in the male" has, accordingly, been applied to it by Sir H. Halford (*Medical Gazette*, x, 172) and others. Phlegmasia dolens most frequently occurs after parturition at that time when the fibrine of the blood is found to be most abundant; viz., during the early period of lactation; and it is most common in women who are weak at the time of delivery, or whose strength has been reduced by flooding, and especially in those in whom there has been, in addition, peritonitis or some inflammatory affection of the chest. Moreover, when a fatal result has followed, it has commonly resulted, not from the condition of the veins, but from some other cause.† It must, however, be observed that, in phlegmasia dolens, the pain is usually more severe, and the disease, on the whole, is of a more acute nature than in the ordinary obstruction of the veins: it seems sometimes to originate in a morbid condition of the uterine veins, and is sometimes attended with, or productive of, those inflammatory and suppurative affections in distant parts which are attributed to a morbid condition of the blood.

Indeed, phlegmasia dolens would seem to occupy an intermediate position between the simple and comparatively innocent obstruction of the veins, which we have been considering, and the more severe and dangerous affection of the veins, which has been described by Arnott,‡ and others, as an occasional attendant upon wounds and injuries. The changes which occur in the veins, and in the blood contained in them, seem to be much the same in the three classes of cases, except that in the traumatic variety the inflammatory symptoms are commonly more severe. And there is the further important difference, that in it we are liable to encounter that alarming, and commonly fatal, train of symptoms which is supposed to depend upon a purulent infection of the blood; whereas, in the ordinary obstruction of the veins, as I have already said, such concomitants are little to be apprehended.

The purport of the foregoing remarks may be condensed into the following summary.

1. The great veins are very liable to become obstructed by clots forming in them when the patient is greatly debilitated, and when the circulation is enfeebled—by inflammatory affections, by discharging abscesses, difficult labours, and other causes.
2. The clots result from an altered state of the blood, disposing the fibrine to solidify in those parts of the veins which offer the greatest facilities for its so doing.
3. The inflammation of the veins is a consequence of the presence of the clot, and is chiefly confined to their outer coats, and to the surrounding cellular tissue.
4. The clots may soften and become intimately connected with the walls of the vessels, and may lead to the complete and permanent obliteration of their canals: more commonly, however, they are removed, or shrink into delicate bands or fibres, which offer little or no obstruction to the circulation.
5. The affection rarely leads to any serious result. It may be associated with so-called pyæmia; but has no necessary or frequent connection with it.

[To be continued.]

* Of forty non-puerperal cases tabulated by Dr. Mackenzie (*Medico-Chirurgical Transactions*, xxxvi, 235), about two-thirds were females, and one-third males.

† See paper by Dr. Davis, who first pointed out the true nature of this disease, *Medico-Chirurgical Transactions*, vol. xii; also papers by other writers in the same *Transactions*, and in various medical journals. Dr. Simpson, in his lectures recently published in the *Medical Times and Gazette*, calls attention to the fact that in some well marked cases of phlegmasia dolens the veins have been found quite healthy.

‡ *Medico-Chirurgical Transactions*, xv, 46. Mr. Arnott remarks, and I think he was the first to call attention to the fact, that the inflammatory changes "are usually limited by the passage of a current of blood; where a trunk is concerned, the boundary line being the entrance of a branch, and where a branch is concerned, the boundary being the junction of this with the trunk."

TWO ESSENTIALLY DISTINCT CONDITIONS OF KIDNEY GIVING RISE TO WHAT IS CALLED BRIGHT'S DISEASE.

(ABSTRACT OF A THESIS FOR AN ACT KEPT IN THE UNIVERSITY OF CAMBRIDGE FOR THE DEGREE OF M.B.)

By W. H. DICKINSON, Caius College.

There are two essentially distinct conditions of kidney giving rise to what is called Bright's disease; and these may be distinguished from each other by the presence or absence of external granulation.

THE results of the author's minute examination of the kidney under disease, lead him to the conclusion that the conditions, called after the name of Dr. Bright, are capable of arrangement into two great classes; that in the one we have disease proper to the secreting surface of the tubes; while in the other the disease is essentially intertubular, and that the characteristic difference between the two is the presence in the latter, and not in the former, of external granulation.

The "tubular disease" includes all the varieties of the large smooth kidney; notwithstanding that pathologists have subdivided it, according to the predominance of some one material, into "fatty degeneration," "waxy degeneration," "desquamative nephritis," and many others. There are two distinct stages. First, the period of enlargement; secondly, that of diminution. In the first stage, the capsule is thin and unadherent; the cortex is much, the cones slightly, enlarged; there is no appearance of preternatural vascularity. Parts, indeed, may be bloodless, giving a mottled aspect. The microscope shows the tubes entire; but in the cortex they are choked up with their epithelial secretion, which is often in various stages of disintegration, or fatty degeneration. These are probably consequences rather than causes of the derangement, and result from the cells, formed in excess from the inflamed membrane, being of unhealthy composition. In the cones there is the same tendency to excess of epithelial secretion, but it finds a readier exit, and does not, therefore, so often accumulate there. The tubes here shew rather a tendency to become filled with a glassy fibrinous material, studded with specks of oil, or cells of epithelium, which happen to be passing down, or blood-corpuscles; and this is shed in the form of cylindrical casts. The casts, therefore, are formed almost exclusively in the straight tubes.

The second stage is rarely reached. It consists in an overstretching and bursting of the tubes one after another, those nearest the superficies being first destroyed; and it appears that their contents are then absorbed. The tubes collapse, and the organ may be reduced below its natural size. The capsule becomes thickened and a little more adherent. The surface is still smooth, the colour unchanged. A section shews the gland to be chiefly composed of cone substance, and the remaining cortical substance is coarse, pale, and firm in texture, being reduced more or less to its fibrous nature; but there is no evidence of an increase of fibrous matter. The author agrees with Mr. Simon in believing that the cysts, often present in this condition, are developed out of epithelial germs, which are left on the walls of the ruptured tubules.

The "intertubular," or "granular disease," commences with slight thickening and adhesion of the capsule, with processes of fibrous-looking material passing from it into the interior of the gland; contraction of these follows, the points at which they originate become depressed, giving a superficial granulation to the exterior; and the tubes embedded in them, at first healthy, become gradually reduced to microscopic threads.

In what the author calls "chronic intertubular disease" there is generally diminution of size. The adherent capsule has a tendency to split into two layers; the inner one consisting apparently of fibrinous effusion. The surface is granulated, and fibrous processes pass from the capsule between the granules. The fibrous tissue of the cortical part is increased, and the tubules waste. Some of the fibrinous material passes into the interior of the tubules, lining them and displacing the epithelium. Cysts are often present, and evidently result from transformation of the tubes, not, as in the tubular disease, from a change in the epithelium.

In the "acute intertubular disease" the granules are larger and more distinct, and there is more fibrinous exudation between and into the tubules.

The anatomical evidence in favour of the intertubular origin of the disease may be summed up as follows:—

1. Near the capsule an effusion is often seen, obviously between the tubules.

2. Tubes are caused to shrivel by some influence which travels independently of their direction.

3. Tubes are sometimes divided into cysts, which can only be accomplished by a contractile force, external to themselves. In the smooth kidney this never occurs.

4. In most cases, some of the secreting tubes are found natural, as if they had been out of the way of the effusions; whereas, in the smooth kidney all are involved.

5. A decided difference exists in the contents of the tubes in well marked cases of each sort. In one they are filled by their own morbid secretion, in the other they are occupied by a material which is foreign to it, and which is probably derived from without.

Of three hundred and fifty-seven fatal cases in St. George's Hospital, of which the particulars were collected by the author, two hundred and fifty were granular, one hundred and seven smooth; of the latter the average age was twenty-eight years, of the former fifty years; proving that the one disease is not a sequel or stage of the other. In no single instance has he known or read of the granular form resulting from scarlatina; and it rarely results from cold. Gouty or rheumatic diathesis was associated with the granular form in seventeen cases, with the smooth variety in only one, and that doubtful.

In examining the kidney, besides the ordinary mode of tearing the organ into shreds and fibres, it is the author's plan to prepare translucent sections, so as to show the tubes and malpighian bodies in their relations to one another, and to the intertubular material.

A portion of the kidney is boiled in water, slightly acidulated with acetic acid. It is dried, and when hard a section can easily be cut from it, which, on the application of water, resumes its former bulk, and presents a beautiful picture of the anatomy of the kidney.

Transactions of Branches.

EAST ANGLIAN BRANCH.

PRESIDENT'S ADDRESS.

By JOHN KIRKMAN, M.D., Lowestoft.

[Delivered July 8th, 1859.]

GENTLEMEN,—If I should feel diffident in addressing you under ordinary circumstances, you will readily I am sure believe me when I say that I feel increasingly so upon this occasion, surrounded as I am by those who are much more able to engage your attention. It is, however, an assurance, and at the same time a great comfort to me, that I can point to my predecessor, Dr. Durrant, a gentleman to whom this Branch of the British Association in general, and I myself in particular, must feel very much indebted. The pages of our JOURNAL bear testimony to that support which he has rendered us; a support, professionally valuable, authoritative and large; and occupying this chair as his successor, I shall be contented if I am able to bear only a reflected light, borrowed, indeed, from a retrospect of his personal claims. It will be my duty, as well as my desire, to keep all such examples before me throughout this year of office; and if, in any respect I should fail, it may be from a deficiency of those necessary endowments for such a post of honour; but it most certainly will not be for want of a ceaseless anxiety to obtain and to secure the undivided friendship of our body. I know very well that a careful perseverance in a straightforward course and an honest desire to succeed will overcome many natural obstructions, and surmount very formidable obstacles. These once made the stammering Demosthenes shine forth as the greatest orator of polished Greece, and they have often raised the most obscure individuals to eminence and to honour. Science can never be taken by storm, and medical science above every other, whether in the extended culture of its more ample fields, or in that limited sphere of action to which my own speciality calls me, will yield to nothing but vigilance and care.

If it were not a tedious task, it might be interesting to trace some of those prominent steps in that onward course of gradual development which have brought us to that position we now occupy as professional men and as public benefactors. The growth of medical science itself may have been slow, but the spirit of the times and the patronage of the public have been slower still. It was long, very long, before either could look with a fostering eye upon the true and legitimate practice of medicine. For many centuries physic was almost entirely in

the hands of the clergy (and I am not sure that it is quite free from them even now), who, by involving it in superstition, found it not only a very profitable employ, but in many instances an introduction to preferment. We are told, indeed, that when Galen came from Pergamos to Rome, near the close of the second century, he found surgery practised there as a separate branch of medical art; but this custom was soon lost in the convulsions which overthrew that once flourishing empire, and it was not till towards the close of the twelfth century that we find any traces, either in history or in romance, of its forming a distinct profession in Papal Europe. When the University of Paris began to assume a regular form, under the reign of Louis VII, a *Faculty of Medicine* was added to those of Divinity and of Arts; clerical physicians attended medical and surgical lectures, and laymen applied themselves to the study of physic. As the priests, however, were forbidden to leave their cloisters, they were consulted at home; and the servants or friends of the sick stated their symptoms, and these monkish physicians directed what medicines were to be given. Subsequently to these very early days, there arose two distinct classes of practitioners—those who had a regular though defective education in the foreign schools of physic, and who practised as physicians; and those who were originally employed as the servants of the priests, and who acted as their barbers, to perform those shavings of the head and other parts which were deemed necessary when cold ablutions were to be applied. Perhaps to this original conjunctive idea the barber-surgeons of England owed in some measure *their elevation*; and whether they followed or not the example of their friends in Paris, it is certain that, at the period to which I am adverting, neither medical nor surgical knowledge was very readily to be obtained in England. All the physicians of any note came over from the Parisian or Italian universities. France was the principal seminary of English learning, and the source of English customs; and in England, for several centuries, there were no surgeons who did not practise as barbers. Medicine must also have been in a very barren condition, its sphere of action narrow, and its state rude and imperfect; and it was not till 1518 that the English College of Physicians was established, and confirmed by Act of Parliament in 1522.

From this period medicine began to emerge from empiricism and neglect, and gradually to assume its just, its honourable, and its proper character; and arrangements were made in those magnificent Universities of Oxford and of Cambridge for those extensive and national plans of medical education whose adoption we rejoice in to this very hour. We may well, then, take our leave of European *barberism*, having been brought gradually, by steps which may be traced in historical record of dates, till we find ourselves in this year of reformation, 1859!

I trust that the recent Medical Reform Bill will produce great and valuable effects; that it will do all that its most strenuous supporters look for; and that now what I may denominate the great doctrines of the Reformation will be our ceaseless guides.

"Tis in construction, use, and combination,
The true result of every act resides.
'Tis not the enactment, but the power that guides it;
'Tis not the abstract reason, but the intent."

We cannot expect that empiricism will cease; for there always are, and there always will be, people who become willing dupes of every quack who cries the latest nostrum, even if that nostrum should profess to take the old man like myself, and, as in a medicated cauldron, "boil him young again". But if the same old folly may exist, the new Act will so protect and support the honest and able practitioner, that impudent pretenders and frontless secret-mongers, and I had almost said, to form a triumvirate, globular homœopaths, will no longer be able to commit their frauds and carry on their fooleries with impunity.

In the abatement of evils known and acknowledged, some caution is, however, necessary; and I am not quite sure that the efforts to suppress may not occasionally have tended only to encourage. The means taken to destroy may have acted just in the opposite direction, and may have increased vitality. Care is demanded, both in support and in suppression: some unseen nerve or latent artery may be injured by an incautious hand.

"Man's life is mingled with the seeds of death,
And all his vital functions feed disease;
Hence needful caution guides the healing art.
The empiric may by violence expel
Disease and health together."

There is a propensity in all men to aggrandise that profession to which they belong. It may be a natural infirmity to do