tion of the first; and probably before the rheumatic attack came on, and when he was in good health, it was quite as indistinct as the systolic mitral murmur. The amount of valvular lesion was so very slight, that it would have been no wonder if the natural sounds had been heard throughout. With respect to pericardial friction sound, none was discovered. There was probably extensive pericarditis during his former attack of rheumatic fever, but only a very limited affection of the membrane this time; and that not until a few hours before death.

Original Communications.

ON DISEASE OF THE SUPRARENAL CAPSULES.

By S. J. JEAFFRESON, M.D., F.R.C.P., Physician to the Warneford and Leamington Hospital.

[Read before the Birmingham and Midland Counties Branch, December 11th, 1856.]

THE recent researches, and the able and elegant work of Dr. Addison, on *Disease of the Suprarenal Capsules*, have latterly attracted so much attention on the part of the medical profession, that I hope I may be excused the liberty of drawing attention to three cases of this malady which have fallen under my own observation. The two former may perhaps derive some additional interest from the fact, that they occurred prior to the date of Dr. Addison's discovery of the connexion between this form of disease and certain discoloration of the skin. The connexion between these conditions was a fact so remarkable, that it drew my attention at the time, and caused me to remark it to several of my professional brethren; but as I failed to obtain any confirmatory evidence of the connexion of these phenomena, by seeing or hearing of other similar cases, I quite lost sight of it, till Dr. Addison published his views.

Let me, however, be distinctly understood as not in any way wishing to detract from the merit of Dr. Addison in having first worked out and made public this curious fact. A large hospital, especially in London, gives to the medical staff not only a great numerical advantage of cases, but all the assistance implied by a numerous staff of intelligent colleagues, assiduously engaged in the work of learning, for the best of reasons that they are obliged to teach, and all deriving the greatest advantage from the division of labour implied by the assistance of their more advanced pupils. The want of these advantages may probably have precluded me from following up these cases; and the want of them must also be kindly taken by you as an excuse for many of those defects in the following reports, which are almost necessarily incidental to one who, in the midst of all his other pursuits, has to do this kind of work single-handed.

Except when stated to the contrary, I shall briefly relate the following cases in the words noted down at the time of their occurrence.

CASE I. Thomas Wilkins, aged forty, a labourer, residing in Woodhouse Street, Warwick, was admitted a patient of the Warwick Dispensary, on the 28th August, 1849. He stated that he had not been well since the previous Michaelmas, when he caught cold whilst working at Leamington, attended by violent pain of the lower right chest, followed by jaundice. The pulse was 88, feeble; the conjunctivæ were not then yellow, but the skin was; bowels regular; motions yellow. He often vomited. He was so cold—"feet like death often". The following medicine was ordered.

R Magnesiæ sulphatis ʒix; potassæ nitratis ʒiii; potassæ chloratis ʒii; spiritûs ætheris nitrici, spiritûs juniperi compositi, aa ʒi; aquæ menthæ piperitæ ad ʒxviii. M. Fiat mistura, cujus sumatur ʒi ter die.

Sept. 4th. I find it noted that I could discover no enlargement of liver; that his food was frequently vomited, and that he "had lost much flesh". He was now ordered:

R Potassii iodidi gr. xxxvi; liquoris potassæ ʒiii; tincturæ calumbæ ʒss; inf. aurantii compositi ad ʒxii. M. Fiat mistura cujus sumatur ʒi bis die.

Sumat pilulæ hydrargyri chloridi compositi gr. v omni nocte. Applicetur emplastrum cantharidis epigastrio.

The vivid impression produced on my mind by the peculiarity of Wilkins' complexion, is evinced by the fact that at his visit on September 11th, he brought his daughter with him to show me

her complexion, which, he said, "was the complexion of his family, and such as his own was formerly".

The medicines were continued, and the blisters repeated. Sept. 18th. The complexion was more bright yellow. He heaved, but did not vomit. The motions were lighter and yellow. The mixture and pills were repeated.

Wilkins had been long on the parish, and the parish surgeon stated that he could not longer afford him any extra allowance, in consequence of his inability to pronounce him to be labouring under any specific disease. Under these circumstances, I procured him a hospital ticket, and admitted him an in-patient of the Leamington Hospital on the 26th Sept. 1849. He then had tenderness in the region of the duodenum and the two dorsal vertebræ opposite this point, on firm pressure. He was evidently emaciated, but less so in the abdomen than in other parts; which, indeed, presented some degree of general fulness below the epigastric region. Pulse and heart's action feeble; tongue white; bowels torpid; urine free and pale; conjunctivæ quite clear. The skin was universally of dark leaden hue, a colour something between jaundice and *morbus cæruleus*. The alvine evacuations were reported to be natural in colour. From the first sight of this man at the Dispensary, I thought unfavourably of his case; although, whilst in the Dispensary and subsequently in the Hospital, repeated most careful examinations elicited no evidence of organic disease of his liver, lungs, heart, or other organs. Besides debility, there was a depressed heavy manner about the man, which I did not consider natural to him. He was not, however, despondent, and showed great gratitude for all that was done for him.

His treatment whilst in the Hospital consisted of a blister over the tender vertebræ, nitro-muriatic acid with orange peel, and common non-mercurial aperient pills.

No appreciable change occurred, except that he expressed himself as feeling rather better, which was perhaps due to the nursing, temperature, and improved diet of the Hospital. About four days before his death, whilst holding up the clothes of another patient for me to auscult his chest, Wilkins almost fainted. I made him lie down on his bed, and examined him whilst so faint, without eliciting any evidence of cardiac or other disease.

On the night of the 17th October, having had some green vomiting in the day, and complained much of headache, he went to bed much as usual. About midnight he got out of bed, and was observed by the other patients staggering towards the fire-place: they reached him just in time to save his falling, and called the nurse and house-surgeon, who found him insensible, with stertorous breathing, slight convulsions, fixed and dilated pupils, cold extremities, and almost imperceptible pulse. He died two hours after he got out of bed.

THE POST MORTEM EXAMINATION was made on October 19th, by Mr. Male, Mr. Birt, and myself, about thirty hours after death. The body was less emaciated than I expected to find it. The lungs were pale, healthy, and crepitant. The heart was perfectly healthy in every respect; it contained many fibrinous clots in almost all, if not in all, its cavities; many of them were quite of a yellow colour, and very firm. The large vessels were carefully traced, but presented no evidence of disease. The liver was rather full and darkish coloured, but healthy in structure. The gall-bladder contained healthy bile. The mucous surface of the stomach was much congested in patches; the membrane was polished, firm, and natural. The duodenum was healthy. The other bowels, only examined externally, afforded no suspicion of disease. The muscles and other tissues generally, especially the fatty tissues, showed a deepish yellow stain. The kidneys were healthy; but in the left suprarenal capsule was contained an encysted tumour, apparently of the scrofulous character; its walls were hard and almost gristly and cartilaginous, its contents in various degrees of softening, from fluid pus to cheesy matter. This was the only mark of structural change we could discover in the body. The brain, though most carefully examined, afforded no morbid appearance. In its colour it was natural, being almost the only part which was not tinged with any yellow stain. The stomach contained some grumous greenish fluid like that vomited.

CASE II. On the 23rd of November, 1849, I was called upon by my friend, Mr. Thomas Chavasse, to see Mr. T., a gentleman of sixty-three years of age. Our patient was perfectly comatose: a condition which I believe had crept on during the last twenty-four hours, and appeared to me to be dependent upon cerebral effusion. Blistering and other remedies entirely relieved this condition of the brain, and he was the next day in the most perfect command of his mental faculties, and

enabled to attend to business, and to converse freely and most intelligently.

Almost the only complaint Mr. T. had himself made was of pain of the right shoulder, where, however, no evidence of disease could be discovered. He had been feeble, had lost some flesh, and had experienced occasional vomiting after his meals. He had stated his present deranged state of health to be of about one year's duration; and it was attributed, both by himself and his friends, to great anxiety of mind in consequence of losses and responsibilities in connection with some trustee affairs. His complexion, as respected the face, was very dark, somewhat like that of Thomas Wilkins (Case 1). This was not the case in the body or limbs, which were sallowish. The conjunctivæ were clear.

November 24th. The pulse was the same as yesterday—a mere thread and perfectly powerless. There was still no perceptible impulse of the heart; but its sounds, though feeble, were distinct, and without bruit of any kind. His mind was perfectly clear and distinct, even on testing him by a prolonged conversation. He made no complaint of pain except of the right shoulder, and that was less than usual. He had had a fair allowance of sleep. There was no oedema anywhere. On raising him up to examine his chest posteriorly, he soon became faint, and was obliged to be laid down again. It is not stated, though I remember the fact, that the præcordial dullness was much increased in extent and intensity, and that I concluded that Mr. T. must be labouring under hydrops pericardii, as well as his other maladies.

November 25th. Mr. T. died in the evening, apparently from simple exhaustion.

NECROPSY, thirty hours after death, made by Mr. Birt, Dr. Goode, and myself. The body was less emaciated than might have been expected. The discoloration above described was pretty general. On endeavouring to remove the skull-cap, when sawn through, the adhesion of the dura mater was so universal and exceedingly firm, that it was impossible to get the skull-cap off, and we were obliged to remove the entire brain from its base, cutting through the medulla oblongata. The dura mater did not appear much altered in character; the arachnoid was very generally milky, opaque, and thickened, and there must have been very considerable subarachnoid effusion from the quantity of fluid which escaped during the removal of the brain. The substance of the brain did not present any very remarkable appearance. The origin of the eighth pair of nerves seemed to be by finer and more compressed filaments at its root than generally observed; the medulla oblongata also appeared somewhat small and contracted, and the corpora olivaria, pyramidalia, and restiformia were less distinctly marked than usual. The lateral ventricles had been apparently more distended with fluid than natural. On opening the thorax there were considerable old adhesions, most especially on the right side. On reaching the heart we were much puzzled to believe that it could be that organ, for in its position *in situ* it looked more like a bag of fat invested by a thin semi-transparent membrane; this deposition of fat was placed between the pericardium, very firmly and universally adherent to the reflected, less firmly and generally to the true pericardium. The firmness of its adhesion to the true pericardium differed considerably in different parts, and there was also some little fluid in the pericardial cavity. The thickness of this deposit of fat varied from the eighth to upwards of a quarter of an inch. The liver, not amiss in size or structure, presented one puckered, milky coloured cicatrix on its upper surface. The kidneys were flabby and rather elongated; in one of the suprarenal capsules was found a tumour.

I regret to say that my notes of this case go no further. The tumour was handed over either to Dr. Goode or Mr. Birt for microscopic examination, and unfortunately no notes of this examination are on record. My recollection of the case is, however, sufficiently accurate to enable me to state that the tumour was of the size of a large French walnut, and that its section presented cysts in various degrees of softening, just as in the case of Wilkins. In these details I am borne out by Dr. Goode and Mr. Birt.

In the following case, which cannot, I think, fail to be recognised as one of disease of the suprarenal capsules, I am sorry to say that no *post mortem* examination could be obtained, although every effort was made to get permission.

CASE III. Mr. W. R., aged 39, patient of Messrs. Bodington, of Kenilworth, called on me 5th August, 1856. He stated that he had suffered most of the previous winter from tic-douloureux, coming on and leaving off suddenly several times in the day, but not during the night—the paroxysms usually

lasting from half to three quarters of an hour, affecting the right side of the face, and shooting down to the right breast. On the 30th April he had a tooth drawn on this side, which completely cured the tic-douloureux; but since this period his general health had given way—"has lost flesh; has no appetite; has nausea and occasional vomiting; no headache." The tongue was loaded posteriorly, dryish; the tip and edge being reddish. He had occasionally slight hæmatemesis. His complexion was very sallow, but had been very yellow. The bowels were sluggish; the urine free, clear, too much in quantity.

I considered the case to be one of hepatic derangement, with neuralgia and anæmia, cases by no means uncommon, and prescribed the following:

℞ Emplastri cantharidis partem i; emplastri picis compositi partes v. M. Fiat emplastrum quatuor pollices longum et sex latum, epigastrio applicandum.

℞ Calomelanos gr. i; extracti aloes aquosi gr. iii. M. Fiat pilula alternis noctibus sumenda.

℞ Quinæ disulphatis gr. ii; extracti anthemidis gr. i. M. Fiat pilula bis die sumenda cum haustu infra præscripto.

℞ Acidi nitrici diluti, acidi hydrochlorici diluti, aa m℥; tincturæ aurantii ʒss; acidi hydrocyanici (Scheel.) mii; liquoris taraxaci ʒi; infusi aurantii compositi ʒviss. M. On his next visit (Aug. 12th), I felt convinced that his case was one of disease of the suprarenal capsules, and wrote to Messrs. Bodington to that effect. I was struck by his amazing change for the worse, which could not be accounted for at all by the treatment; and I commenced my notes by "very bad". He had great sickness with yellow and green vomit many days during the week; no appetite; great debility. The opening pills acted nicely; he had taken four. The tongue was decidedly better. He now spoke of pain of a dull kind on and off for some time past in the region of the left kidney. His vomiting occurred once, twice, or thrice a day. It was astonishing how much worn he looked in so short a time, and how much more he was enfeebled. His complexion, even to his hands, was bronzed, and his nails stood out white in contrast. The conjunctivæ were of a dingy leaden yellowish tint. The plaster was kept on four days, and only slightly blistered him. I ordered:

℞ Sodæ sesquicarbonatis ʒij; ammoniæ carbonatis ʒj; potassæ chloratis ʒss; tincturæ aurantii ʒvj; aquæ ʒviii. M. Fiat mistura cujus sumatur pars sexta ter die cum acidi citrici ʒi.

℞ Extracti aloes aquosi gr. iss; extracti hyoseyami gr. iss; M. Fiat pilula pro re natâ sumenda.

August 14th. His wife reported to me that he vomited immediately after the first dose of the mixture to-day, and also yesterday, but not after the others. But he had also been sick after several things he had taken—tea especially. He had, however, never been sick whilst in bed; but only whilst sitting up.

No change marked the future stages of this case, except that of most rapid exhaustion of the vital powers. Intellect was retained to within the last few hours of his life, and he died on the morning of the 20th, without convulsions.

In the former two cases I have no notes of any examination of the urine, but I retain a vivid recollection in both cases, and especially in that of Wilkins, of an examination of the urine without any morbid trace. In the latter case repeated examinations of the urine failed to elicit any morbid condition, either in its specific gravity or as examined by heat, nitric acid, or the microscope.

The former two of these cases derive considerable interest from their accurate correspondence with the description of disease of the suprarenal capsules given by Dr. Addison and others. They were observed long before his views were published, and therefore no colouring can have been given to them, derived from any preconceived views; this, I think, adds much to their concurrent value as establishing Dr. Addison's views. It will be remarked of both these cases that the conjunctivæ were reported to be clear, and I suspect that this is an important distinguishing feature between the discoloration from diseased renal capsules and hepatic disease; for, so variable are the shades of jaundice, that I much doubt whether the eye alone would be competent to detect the difference between some of its forms and the disease in question. I think we can hardly doubt that the third case, that of Mr. R., was also one of disease of the suprarenal capsules; and in this we have an exceptional condition of the conjunctivæ, which are described as being of a "dingy, leaden, yellowish tint." But in the absence of any *post mortem* examination we are not competent

to say that this case was not complicated with some hepatic affection, as I suspected on his first visit to me—a suspicion somewhat confirmed by his own comment on his complexion the first day I saw him, where I note “his complexion is very sallow, but has been very yellow,” the latter half of the sentence having been supplied by himself and his wife.

It will be observed that all these cases are males, the ages 40, 63, and 39; the deaths occur in the autumnal season, viz., latter end of August, October, and November. In all three vomiting is a well marked symptom. Two of them are accompanied by well marked neuralgia, in that of Mr. T. of the shoulder, in that of Mr. R. by tic-douloureux of the face. May the pain that Wilkins experienced in the commencement of his illness have been pleurodynia? The absence of any trace of previous inflammatory mischief about the chest and liver, lends some countenance to the idea. In two out of the three cases the urine is especially described as copious and clear, another fact much opposed to the ordinary condition of this secretion in hepatic affection.

The peculiar interest in the case of Wilkins is the entire absence, under most careful and minute examination, of any other form of disease whatever; whilst that of Mr. T. is hardly less interesting from its complications.

Having said so much on these cases, I will not venture to make any general remarks upon this disease; and the more so, inasmuch as I have not had the opportunity of consulting the actual work of Dr. Addison, but only extracts from it.

It may fairly be asked, does the general anæmia depend upon the disease of the suprarenal capsules? or, is the local malady but an expression of the constitutional? The case of Wilkins goes, I think, far to affirm the former supposition, and to prove that the local malady is in itself capable of spoiling the vital fluid to the extent of destroying life itself. It is probable that further researches on this interesting subject may lead to the discovery of some important laws respecting the physiological import of not only the suprarenal capsules, but of several other organs, whose use in the animal economy has been hitherto clothed in mystery.

MEDICAL NOTES ON THE MILITIA.

By J. I. IKIN, Esq., Leeds.

No. IV.

HOSPITAL REGULATIONS OF THE PUBLIC SERVICE: WITH REMARKS ON MALINGERING: DESERTION: MILITIA ANECDOTES, ETC.

I STATED in my former paper that the regimental surgeon is responsible for the correct keeping of the medical register, which, according to the hospital regulations, must contain a detailed account of every case treated, except itch. When the Inspector from the Medical Department visited our hospital, then in the citadel at Hull, he pointed out to me that the register was not complete, as only a portion of the cases was entered at length, whilst every case ought to have been registered as pointed out by the regulations; and he added, that he himself, whilst a regimental surgeon, never omitted fully to transcribe every case, even when he had a large hospital full, as was often the case on the West Indian stations; and that he had sometimes entered sixty or seventy cases in a day. This certainly was most praiseworthy industry; but, on foreign stations, the diseases, such as yellow fever, etc., often assume strange and peculiar types, worthy of record. I at once admitted that the blame, if any, rested upon my shoulders, as I had taken upon myself to direct the assistant-surgeon to discontinue keeping a detailed account of each case, and only to record the most interesting and severe cases, as it seemed to me a needless waste of time and paper to fully record every case of ordinary catarrh, mild febrile attack, or gonorrhœa, as all the cases were regularly entered in the admission and discharge books. This was not considered a satisfactory explanation, and next day I received a long official letter, calling my attention to the omission. Luckily, we had all in order in the hospital, and according to regulation, saving this breach of duty, if it deserves to be so called; so that no fault could be found with the state of the hospital, though we had only a few hours' notice of the Inspector's visit. A remark was, however, made on looking over the diet tables, on the *generous* nature of the diets, the number of extras, beer, wine, etc., which, he said, seemed to be very generally allowed, and were rather inconsistent with active treatment; and that they might be

thought expensive at the War Office, and probably lead to some explanation being required. My reply to this remark was, that I found, from experience, in the great majority of cases, reducing young recruits and sick men by long continued “spoon or low diet” was most prejudicial, and considerably retarded their recovery; that I had found that generous diet was economy in the end, and sooner emptied the hospital; and that my monthly sick reports proved how rapidly the men were cured, and the patients sent from hospital fit for duty. I ventured to add, also, that, if the authorities in London could judge better than I could what diet was required by the sick under my charge in Hull, the sooner medical officers were dispensed with the better. No reply was or could be given to this, except that the Medical Department wished to place no obstacle in the way to the efficient treatment of the sick, but the contrary. I must, in justice to the service, here add, that the medical officer has really the power to order what he likes, and what he considers requisite, though at times explanations are required, and his orders must be carried out in regulation fashion. A medical friend of mine had to account for a large consumption of wine and brandy in hospital, and this he succeeded in doing at once by showing the number and malignant nature of cases of fever of a typhoid character he had had to treat. By a somewhat strange coincidence, and to my gratification, within a very few days of our inspection, an altered and improved hospital diet table was issued from the War Office for the use of the service, allowing medical officers to order extras in form of food, besides porter, wine, beer, brandy, etc., with any of the diets, instead of, as heretofore, being restricted to particular diets.

I was also asked if I kept a meteorological table, and registered my observations. My reply was, that I did not; but that, when furnished with barometers, thermometers, weather-vanes, and other suitable hygrometric apparatus, the observations should be made. As, however, I made a practice, with the above trifling exceptions, of rigidly complying with (or directing they should be complied with) every medical regulation of the service, esteeming it my duty to do so, or to resign my appointment, I was at special pains to render my annual report at the end of the year complete, and in accordance with the regulations, as previously described: I therefore filled up the meteorological tables for each month with a transcript from the register kept at the Philosophical Society at Hull, the completeness of which ought to have been satisfactory to the authorities, if they were ever at the trouble of perusing the document at all.

I have now faithfully enumerated the returns and reports required from the regimental surgeon by the War Office and Medical Department; and I may add that, along with these, the correspondence with the purveyor on home service is incessant; and I believe surgeons on foreign service find their communications with the Commissariat no less troublesome.

In concluding this part of my observations, desultory as I fear they will be considered, I would confidently appeal to the authorities themselves, as well as to the profession; and inquire whether the duties of the regimental surgeon are not overlaid with needless forms and bookkeeping; and whether this system of routine must not occupy the time which ought to be given to the strictly professional and more important duties of attending to the sick? Did the system, or did it not, break down at the onset of the late war? and may it not do so again? For fear of breaking the rules of the service, not acting according to regulation, or from not filling some form or requisition, or the document not going through the proper channel, what confusion, neglect, and misery, was the result! The regimental surgeon not having sufficient authority, one officer relying on some other officer, one department on that of another, action at the right time and in the right place become impossible; and clothing, bedding, drugs, and medical comforts, lie useless or rotting in some ship's bottom close at hand. The medical officer should surely be master and responsible in his own department, if the system is to be reformed, and emergencies met at once. Let, then, the authorities consent to simplify their numerous regulations, and subject them to a careful revision. The formation of a medical staff corps, great improvement as it will prove in the management of military hospitals, is not all that is required; the *system itself* should be revised, and conducted more in accordance with the rules that govern every well ordered public or private undertaking, where each officer is supreme in carrying on his own individual department, though responsible to his superior for the result and expenditure. Now that the excitement of the war is subsiding, and attacks on *individuals* in authority or command (often unjustly