

ing to the superficial branches of the anterior crural nerve, the appearance of the eruption was preceded for three days by temporary hemiplegia of the same side. The other case was that of a child suffering from hemiplegia, with some permanent contraction and occasional spasmodic movements of both the upper and lower limb, and in whom part of the skin of the face of the same side was affected with local scleroderma or morphea. The skin of this part was hard and white, neither raised nor depressed; and the alteration was thought to be confined to those parts of the integument supplied by the superficial branches of part of the fifth cranial nerve. In both these cases the peripheral nervous affection giving rise to the skin-disease appeared to be dependent on some morbid condition—in the one case temporary, in the other chronic—of the nervous centres; and that this explanation might be applicable to other cases.—*British Medical Journal*, August 26, 1871.

25. *Lymphoma in Children*.—Two cases of enormous enlargement of the lymphatic glands of the neck, in children, are described by Dr. HUETTENBRENNER, in the *Archiv der Kinderheilkunde*, IV. 1871. In both cases there was present immense intumescence of the lymphatic glands of the neck and of the throat. The swelling commenced at the chin, and from thence extended to the ear and occiput, and passing downwards in front into the subclavian space and thence into the anterior mediastinum, by a continuous chain of large, tolerably hard prominences, which, by their number, and the rough, irregular appearance they communicated to the entire neck, were the cause of no little deformity. When cut into, the enlarged glands exhibited internally a yellowish-white colour, throughout which, at intervals, were interspersed small spots of a dirty yellow colour (*hæmorrhagic*). The histology of the two cases was similar. There was, in both, a uniform hypertrophy of the lymphatic elements of the glands, with an evident thickening of their capsules and connecting tissue. The cells presented usually nothing remarkable, save an abnormal increase of nuclei; frequently, however, only increase in size of their own number; or a development of many new cells of uncommon size and replete with an unusual multitude of nuclei. The only thing in which the two cases differed from each other was that metastasis was frequent in the one, while in the other it never occurred. In both similar, but never very considerable, enlargement of liver, spleen, and kidneys, was present; while the axillary, mesenteric, and inguinal glands were altogether normal. The bronchial, lumbar, and the lymphatics, at the hilus of the spleen, and about the pancreas, were evidently enlarged. Notwithstanding the extended field and high grade of lymphoma in these two cases, in neither did the composition of the blood exhibit any change, any trace of pseudo-leukæmia.

In respect to the parts to which metastasis of the glandular disease passed in the first case, the ordinary reticulated tissue was permeated with thicker cellular matter. Each of the minute foci of the liver was surrounded by a ring of spindle-formed cells, which, whether they occurred in a single or in multiple layers, indicated to some extent the reaction zone of the liver. In conformity with the results of his early experiments (*Cbl.* 1869) Dr. H. considers the morbid element in these cases to be undeveloped, flattened, hepatic cells. In the up-piled strata there is neither evidence of an increase of hepatic cells nor a morbid augmentation of their nuclei.—*Centralblatt f. d. Med. Wissenschaften*, May, 1871, No. 20. D. F. C.

26. *Pathology of Morbus Addisonii*.—In a very elaborate paper on this subject (*Deut. Archiv f. Klin. Med.*, vii., s. 34), RISER, of Halle, analyzes the published cases of the disease, reports most carefully three others compared with two, almost as fully reported, older cases, together with their post-mortem results, and draws the following conclusions: The results of extirpation of the supra-renal bodies, and the course of numerous cases in which they were diseased, prove that in man they may be destroyed, so long as the ordinary pathological limits are not overpassed, not only without any evil effect on the general system, but often without any symptoms. The set of symptoms described as morbus Addisonii is dependent on an affection of the nerves in the neighbour-

hood of the cœliac axis, the cœliac plexus, and semilunar ganglia, and probably the superior mesenteric plexus as well; the affection being set up by secondary processes in the supra-renal bodies, and almost exclusively by tuberculous inflammation in them, this secondary inflammation serving as the medium between the affection of the bodies and that of the sympathetic. Disease of the cœliac plexus occurs independently of mischief to the supra-renal bodies in affections of other organs (case of "Bronze Skin in Disease of the Pancreas," Bell and Fletcher, *Brit. Med. Journ.*, 1857, No. 45), and perhaps, also, spontaneously (case of Köhler's, *Würtemb. Corresp. Bl.*, 1862, Nos. 12 and 13). As far as is known, the affection of the sympathetic depends upon an inflammatory increase in the nerve-fibres and ganglion-cells of the surrounding connective tissue, and the changes resulting, in consequence, in the sympathetic itself and its nervous elements. The only conceivable possibility of recovery in morbus Addisonii would be a retrogressive metamorphosis of the products of inflammation, and a return to the normal state, before the nervous elements have taken any essential and active participation in the process. The affection of the sympathetic is manifested by a paralysis of its vaso-motor fibres, which causes excessive accumulation of blood in the abdominal vessels, and a corresponding emptiness of all parts of the circulatory system outside of the latter. This abnormal blood-distribution causes phenomena more or less resembling those observed in collapse and in anæmia of the nervous centres. The early symptoms of anæmia of the brain are probably obscured by the previous development of a secondary and but little understood blood-alteration, which very probably causes the bronzing of the skin. By far the majority of cases of morbus Addisonii, judging from their generally chronic course, are complicated with diseases of other organs, which, according to their importance, may occasion essential variations in the course, and post-mortem appearances, of individual cases.—*Bienn. Retrospect. of New Sydenham Soc.*, 1871.

27. *Researches upon the Nature and Origin of Paludal Miasms.*—In examining with the microscope the waters of the Pontine Marshes, those of Meccarebe and of Ostia, M. BOLESTRA found them filled with infusoria of different species, varying with the condition of the water and the degree of its corruption (Bursariens, Trichodiens, Vorticelliens). But among these beings, those which were more striking by their presence in the waters of these marshes, and always in number proportionate to the extent of their putrefaction, is a little plant, a granular mycophyte pertaining to a species of the algæ, special and constant in its form, which slightly recalls that of *cactus peruvianus*. It is always mixed with a considerable quantity of little spores of  $\frac{1}{1000}$  of a millimetre in diameter—greenish-yellow and transparent—as well as with the sporanges or vesicles containing these spores,  $\frac{1}{100}$  to  $\frac{1}{80}$  of a millimetre in diameter, and of very characteristic forms.

This alga floats upon the surface of the water; it is iridescent when young, and it gives the appearance of oil-stains. In the low temperature of caves, as well as in water not containing vegetable growths, this alga, with the numerous spores which accompany it, develops itself very slowly. If it is found in contact with air exposed to the rays of the sun and in the presence of plants in a state of decomposition, it grows very fast, and it disengages little gaseous bubbles.

In examining the air of Rome and its environs, Dr. Bolestra found the same spores in proportions varying with the epoch and the season; they were much more abundant at the end of August, and particularly when examined the day succeeding a rain. The number of the spores was much less, however, than when the experiment was made upon water condensed in the atmosphere of the marshes.

M. Bolestra, from the numerous observations which he has made, is led to think that the miasmatic principle of these paludal localities resides in the spores themselves, or in some poisonous principles that they possess. The alga which produces them does not develop in times of great dryness, but it can be produced after a slight rain falling in a warm season, which soon leaves the earth dry that it has moistened; or by heavy dews and thick fogs which rise