mentioned that the suddenness of the action in the Politzer method has often led to tympanic rupture.

4. My method is especially adapted for self-treatment, because the patient learns by his own sensations to increase the force with which the current is sent into the ears.

Permit me now to leave my method in the hands of my honoured fellow physicians, and to hope that they will soon communicate the results of their experience with it.

Vienna.

MORBUS ADDISONI.

By ROBERT MUNRO, M.A., M.D.

SINCE Dr. Addison's original discovery, that a peculiar bronzed appearance of the skin, together with certain characteristic symptoms, such as progressive weakness, feeble pulse, irritability of the stomach, &c., was to be found in conjunction with various forms of disease of the suprarenal capsules, little progress has been made in extending our knowledge of the causes of this group of morbid phenomena. Indeed, considering the diversity of the pathological facts recorded in supposed cases of Addison's disease, and the absence of any positive information with regard to the function of the suprarenal capsules, we need not be astonished that the exact relationship between bronzing of the skin and disease of these organs should still remain an open question. The common opinion that these bodies belong to the blood-vascular glands appears to me to have been founded more on analogy than on either anatomical or experimental observations. The richness of their nervous supply has, however, recently attracted attention, and led some physiologists to classify them with the sympathetic system. Kölliker, on the other hand, considers the cortical portion as part of the former, and the medullary portion as part of the latter; thus assigning to them both a blood-formative and a neurotic function. The fact that cases occasionally turn up presenting bronzing of the skin that cannot while living be distinguished from Addison's disease, and yet upon post-mortem examination exhibit no trace of morbid lesion of the suprarenal capsules, is alone sufficient to point to some other cause than the mere diseased conditions of these organs. I believe, therefore, that the primary cause of Addison's disease must be looked for in a functional disturbance of the whole nervous system, and that the undoubted close relationship of the lesion in the capsules is as yet undemonstrable. In these circumstances, notwithstanding the large number of cases of this disease already published, we must still go on recording pathological observations; and I venture to bring the two following cases, which have recently come under my notice, before the profession, believing them to present some points of interest. The notes of the second case have been sent to me by Dr. Wyllie of Stewarton, under whose charge the case had been, and is of importance in showing that pregnancy took place subsequent to the neurosis.

CASE 1.—W. R.—, a young man, unmarried, and a skinner by trade, suffered for some years before he came under my care from disease of the liver and heart, for which he was treated by my predecessor, Dr. Aitken. I saw him for the first time in the latter part of 1869, and upon examination found the liver slightly enlarged, the heart hypertrophied, with valvular disease, and a somewhat sallow complexion. As the action of the heart was strong, I prescribed digitalis with a solution of taraxacum. I saw him occasionally for a few years afterwards at my consulting-rooms, but remarked nothing further in his case. He was able to follow his occupation pretty regularly, and appeared to be improving. After this I lost sight of him for about two years, till the latter end of 1875, when he complained of great weakness. I then noticed that his skin was bronzed. Judging from the physical examination, the heart disease did not appear to be worse, and there were no secondary symptoms due to it, nor was there any increase upon the former size of the liver. During the rest of his life (about six months) the discolouration became gradually deeper, till shortly before his death his hands were as dark as those of a negro, and some portions of his body, especially the region

of the pubes and a circle round the nipples, were actually black. On account of the peculiarity of the case, I asked Dr. Borland to see him with me, when of course Addison's disease was the chief topic of conversation. Both agreed that a post-mortem examination would be desirable, as the only means of settling the question as to the existence of disease in the suprarenal capsules. He died about a fortnight afterwards, at the age of thirty years, and after much entreaty, we were allowed to make a slight inspection of the body. We removed only the kidneys and suprarenal capsules. The right capsule was so soft and pulpy that it actually disappeared through my fingers in the act of removing it, and there remained only three or four irregular masses of a putty-like substance, and of the consistence of soft clay, but varying in size from a pea to a field bean. With greater care I removed the left capsule whole. It was larger than the normal condition, and contained hard tubercular nodules, which here and there appeared to be breaking up into a pus-like fluid.

CASE 2.—“Mrs. P.—, a farmer's wife, aged thirty-four years, consulted me about the beginning of March, 1877, about a discolouration of her skin, which both herself and friends had noticed coming on gradually for the last twelve or fourteen months. She complained of general weakness, palpitation, loss of appetite, irritability of the stomach, and vomiting. On making further inquiries, I ascertained that she had previously been a very healthy, well-coloured woman, and had had no illness that she could remember, except a slight attack of rheumatic fever six years ago. She had a family of three stout healthy boys, and was again four months advanced in pregnancy. Both her parents were alive and healthy. Her greatest complaint was the excessive vomiting, to relieve which I ordered a diet of milk and lime-water, with beef-tea and a little brandy. This was retained on her stomach, and for several months formed almost exclusively her daily nourishment. During this time her chief complaint was weakness. She managed to rise and sit in a chair half the day, but felt unable and disinclined for any exertion. On the evening of June 1st I was sent for hurriedly, and on arriving found she had had a convulsion, with foaming at the mouth and twitching of the limbs and face. She remained unconscious for about six hours, with slow breathing and laboured pulse. The heart was feeble and weak—beating, however, at the rate of 120. For a day or two she continued drowsy and listless, would ask for nothing, and only reply “Yes” or “No” when repeatedly asked a question. After this attack she rallied considerably, and was able to drive out with her husband, but complained of noise in her ears, dimness of sight, and faintness. On the 16th of July I was again sent for, and found her in labour; pains frequent, but weak. The head was presenting well down in the pelvis, and as she was faintish, and fearing delay might be dangerous, I delivered her with instruments. The child, though apparently healthy and well nourished, only survived about twenty minutes. The patient progressed favourably, her appetite improved, the sickness abated, and even the skin seemed better coloured; so that by the end of the third week she was able to walk about the house. Four weeks after her confinement (August 6th) she went to the dairy, and on returning was seized with a fit of shivering, which proved to be the commencement of an attack of rheumatic fever. On the second day the temperature was 103° 3'; pulse 130, weak, and compressible; and the pains exceedingly acute. I put her on ten-grain doses of salicylic acid every four hours for one day, and afterwards three times daily, with the effect that on the fourth day the temperature fell to 98° and the pains almost entirely disappeared. Shortly after this I noticed that the discolouration of her skin had become much deeper and of a smoky tint, approaching to blackness, over the region of the pubes and areolæ. The gums were tender and discoloured; tongue thick and dry, with a brown stripe on each side; temperature 97° 8'; urine scanty, but clear and deficient in solid constituents, with a specific gravity of 1020. About this time I had a consultation with Dr. Munro, who entirely agreed with the treatment and my suspicion of Addison's disease. From this time she gradually became weaker, and lingered on for about a fortnight, being much troubled with hiccup and pains in her hands and feet. Her stomach would retain nothing; and the slightest exertion, even raising her head from the pillow, brought on faintish turns. The skin continued soft, and was occasionally covered with a cold, clammy sweat. Temperature 97° 8'. She continued conscious till within two hours of her death, when low muttering delirium set in,

which ended in coma and death on Aug. 25th. Dr. Munro and I were fortunate in getting permission to make a post-mortem examination. The bronzing of the skin was less distinct than during life. The kidneys, liver, spleen, heart, and other organs appeared healthy. The left suprarenal capsule was much larger than the right, and in cutting through it about a teaspoonful of a yellowish pus-like fluid escaped. The normal structure of both was converted into hardened cheesy nodules, which here and there grated under the knife."

Kilmarnock, N.B.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

UNUNITED FRACTURE OF THE HUMERUS IN AN OLD MAN,
SUCCESSFULLY TREATED BY RESECTION OF THE ENDS OF
THE BONE AND THE APPLICATION OF SILVER SUTURES.

(Under the care of Mr. HENRY SMITH.)

THE value of resecting the ends of the bones in ununited fracture was very well illustrated in the following case. The patient was an old man in feeble health, and therefore not a good subject for any serious operative interference; but, on the other hand, with an ununited fracture of the humerus he was unable to follow his employment of hairdresser. It was this last consideration that chiefly influenced Mr. Smith in deciding to attempt reunion. The case was not immediately successful, but it is not less interesting on that account, as it shows the importance of the element of time in such cases. When the patient was discharged from the hospital, four months after the operation, there was no sign of osseous union, although the ends of the fragments had been kept immovable and in close apposition by means of silver sutures and a splint. Two months later some callus could be felt; and one month later still, or seven months after the operation, there was firm bony union.

Michel N—, aged sixty-one, a hairdresser, was admitted under the care of the late Sir William Fergusson on March 6th, 1876, with a fracture of the middle third of the left humerus, and a Colles' fracture on the same side, which he had sustained by falling down stairs.

He was discharged on March 23rd, with the Colles' fracture united, but the humerus still ununited.

He remained in St. Giles's Workhouse till Jan. 15th, 1877, when he was admitted into the hospital under Mr. Henry Smith. The fracture at the junction of the upper and middle third of the humerus was still ununited. He was in a very feeble condition of health altogether, and looked like a man who had been badly nourished. The arm was placed in splints, and, as on March 17th no union had taken place, Mr. Smith performed the following operation. A longitudinal incision of two inches was made down to the bone over the seat of fracture; the broken ends were then cleared, and the fibrous tissue about the ends removed; the broken ends were then sawn off, and a silver wire passed through each end and twisted up, thus bringing the cut surfaces into apposition. The arm was put up on an angular inside splint.

On June 26th the fracture was still ununited, and it was in the same condition on July 10th, when he was discharged with the wires left in.

On Sept. 25th he was readmitted. The wires were still in, and some callus could be felt around them. On Oct. 4th, on removing the splint, union was found to have taken place. On Nov. 2nd the protruding ends of the wire were cut off, the remainder being left in; and the splint was reapplied. On Dec. 5th the splint was discontinued; the fracture was united, and the health was fairly good; there was a small depression in the skin at the site of operation.

ST. THOMAS'S HOSPITAL.

POPLITEAL ANEURISM RAPIDLY CURED BY FLEXION
AND DIGITAL COMPRESSION.

(Under the care of Mr. CROFT.)

IN the following case two different modes of treatment were successively adopted—forcible flexion and digital compression. After twelve hours' flexion pulsation in the aneurism was decidedly less, but had by no means ceased. Cure was, however, completed by three hours of digital compression, although, as a precautionary measure, modified pressure was kept up for some hours longer.

Next week we shall publish the notes of a case of popliteal aneurism successfully treated by Mr. Croft by means of an interrupted elastic bandage.

W. V—, aged thirty-two years, unmarried, a cabdriver, was admitted on May 28th, 1875. He was a muscular, healthy-looking man, notwithstanding an eruption of psoriasis over both legs and parts of the trunk. In the left popliteal space there was an aneurismal tumour about the size of a large orange. It was oval in shape, with its long axis from above downwards. It projected at the inner and upper part of the space, and could be seen to pulsate, the walls being apparently thin there. The left knee above the patella measured fifteen inches and a half, or two inches and a half more than the right. At the middle of the patella it measured two inches and five-eighths more. The pulsation of the left anterior tibial artery could not be felt so distinctly as that of the right. Heart-sounds were normal. The right radial artery at the wrist was somewhat dilated at the situation of an old scar. He had not suffered from any severe illness. Twelve years before admission he contracted a chancre on the penis. This was followed by sore-throat and an eruption, and he had since been attacked by psoriasis at intervals. Five weeks before admission he was pulling a cart across a yard and fell sharply on both knees. A few days afterwards he experienced some pricking pains in the left ham. Ten days before admission he found he could not straighten the leg. The pain became suddenly worse whilst walking, and next day he observed a swelling in the ham, and the swelling and pain increased daily. He stated that his father died of dropsy, but he did not know whether there was heart disease. His mother, four brothers, and three sisters were all alive and well.

On admission he was placed on milk diet. The leg was bandaged from the toes to the tumour; the knee was well flexed on the thigh, and a bag of ice was fastened in the bend; the thigh was completely flexed on the abdomen, and the patient slept in this posture. Two quarter-grain doses of morphia were administered subcutaneously during the night.

On the following day (May 29th) the pulsation had decidedly lessened. At 9.20 A.M. digital compression of the common femoral artery was commenced. At 12.30 one of the dressers announced that pulsation had ceased in the swelling. At 2 P.M. it was ascertained by Mr. Croft that pulsation had stopped, and a branch could be felt pulsating over the inner side of the patella. The groin was becoming tender, and the temperature of the limb had fallen. The pain in the ham and leg had ceased about 12.30. The leg was enveloped in cotton-wool. Modified compression of the femoral artery was continued. At 9.30 P.M. compression was discontinued. The tumour was firm, and pulsation in collateral vessels could be distinctly felt. The man was tolerant of all the measures taken. Pulsation did not return, and the man was allowed to leave the hospital on June 24th, or twenty-five days after the compression was discontinued.

SUSSEX COUNTY HOSPITAL.

CASE OF SUDDEN COMA AND PARALYSIS; PARTIAL RECOVERY OF CONSCIOUSNESS AND POWER; RAPID DEATH; HYDATIDS OF PINEAL GLAND, LIVER, AND PERITONEUM.

FOR the notes of this interesting case, we are indebted to Mr. Herbert Smith, house-surgeon.

M—, an Italian, aged seventeen, seller of ices in the street, was admitted at 5.15 P.M., on May 5th, 1877, completely comatose. It was stated by those who brought him