and the body assumed a masculine appearance. Four years later a tumour of the right adrenal was removed, but time has not yet permitted of the hoped-for result—the return to femaleness.

The medullary portion of the suprarenals has, apparently, only a very close connexion with the nerves of the sympathetic system.

From the presence of the lanugo, or down, on the human foetus we may infer that man is descended from some animal which was born hairy and remained so during life. In the infancy of the race, and before man started to conquer the earth from the Equator to the Arctic regions, a complete covering of hair may have been a useful protection, not only from wet weather but from sudden chills. Gradually, as his brain developed and his intelligence evolved, by natural and sexual selection he cast off his hairy clothing and supplied himself with substitutes derived from the animal and vegetable worlds. Other animals find a niche in the world into which they fit themselves, rest, and are thankful, but insurgent man travels along the open road and no niche is good enough for him. This being so, he has to be capable of adapting himself to all conditions of existence, as otherwise he would have found himself in a cul-de-sac. The power ever thrusting him forward is the function we term mind, which precedes and creates for itself the structure we call body and is itself an evolutionary product. The loss of hair is thus correlated with the growth of intellect, and this may to some extent explain the baldness which is always conspicuous by its presence at the meetings of learned societies. The superman will most likely be a completely hairless creature. Darwin holds that, as the body in woman is less hairy than in man and as this character is common to all races, it is right to conclude that it was our female semi-human ancestors who were first divested of hair for some natural advantage, and that this partial loss, because it exposed the beauty of the skin, became highly esteemed as an ornament by our male progenitors, and so gradually by sexual selection the denudation proceeded. With civilised man the sense of beauty may be intimately associated with complex ideas and trains of thought, but in the great majority of animals the taste for the beautiful is confined, so far as we can judge, to the mere attraction of the opposite sex. Where females have been the selectors the males are more highly ornamental; where males exercise the right of choice the opposite occurs. In the case of woman man has decided that smooth cheeks are ornamental, and this becomes transmitted exclusively to the female offspring, and those with an overgrowth are not sought for as mates and therefore die out. Anyone who has seen pictures of the Siamese hairy family must admit that they create feelings of repulsion. The beard is peculiar to man, and because it gives an aspect of virility to the face it acts as an attraction to the woman, thus becoming a secondary sexual character, and I have yet to hear of a civilised nation which looks upon a beard in a woman as anything else but a monstrosity. It revives the old prejudice that anyone with this stigma represented a person on whom Nature had branded a mark of mental and moral degeneracy.

But thou art neither like thy sire or dam,
But like a foul unshapen stigmatic—
Marked by the Destinies to be avoided
As venom toads or lizard's dreadful stings.

—Henry VI.

The evolution and maintenance of sex is definitely for the purpose of reproduction, and is ordained for the sake of the race and the future. It is an instrument of progress becoming more powerful, more delicate, and more subtle in its work as the ages roll by. This is the evidence afforded by a survey of living forms in general, and emphasises the arguments of those who say that the trend of evolution is towards an increase of sex differences, and that, if history is to be trusted, there would appear to be a natural and indispensable decree for an increase of feminism in woman and masculinity in man. But if so, what is the inner meaning of the modern mode of clean-shaven faces? Is a moustache to be doomed because it is not only a constant emblem to a woman that a man is a man, but also reminds her of the unkind fate which condemns her to be born a female? Has facial hair lost its sexual significance because of the creation by the pampered luxury of peace of a feeling in woman that she no longer needs a protector, and will the war restore a beard to its original importance?

Claybury.

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

NOTE ON A LITTLE-RECOGNISED FORM OF CARDIAC THROMBOSIS.

BY SAMUEL WEST, M.D. OXON., F.R.C.P. LOND.,
CONSULTING PHYSICIAN TO ST. BARTHOLOMEW'S HOSPITAL.

THE common forms of cardiac thrombosis are: (1) the soft bulky gelatinous clots, described as *post-mortem clots*; and (2) the tough, more or less, decolorised clots which form the chief part of the *vegetations* on diseased portions of the endocardium, especially in connexion with the valves. As rarer forms are (3) larger and more or less *rounded masses* found in dilated cavities; they are usually attached to the cardiac walls, but may be free, when they have been called (4) *ball thrombi*. It is the pathological rarity of these two last forms that gives them their chief interest.

The form of cardiac thrombosis with which I wish to deal is of an entirely different character; it occurs in patients who have been long a-dying, as in phthisis or malignant disease. The clots present the usual characters of ante-mortem clots, being firm and tough, pale, and fibrinous. They are thin and flat and moulded to the shape of the ventricles and auricles, and represent these cavities in the stage of extreme contraction. The thickness varies in different parts, but averages one-eighth to one-quarter of an inch. The clot starts in the ventricles, behind the trabeculæ carneæ, and in the auricles among the rugosities of the appendix, and this connexion keeps them fixed. In the ventricle the clots form a thin, flat, triangular, pancake-like mass, 3 inches, it may be, in length and 1 to 2 inches in greatest breadth. A thin band may pass through the auriculo-ventricular orifice, to be continuous with a similar flat clot on the auricle, from which string-like processes may extend for some distance into the branches of the pulmonary artery and veins. Clots of this kind are, as would be expected, commonest on the right side of the heart, but they may occur on the left or on both sides together. Apart from their pathological

interest these clots are of clinical importance, because they may become detached and thus cause fatal embolism. This cause of pulmonary embolism should be borne in mind when no source for the clot can be discovered in the veins.

Embolism of the aorta might similarly occur, and a case of this kind I recorded some years ago. The patient died suddenly. The main trunk of the aorta was found plugged with a mass of tough decolorised clot of considerable size. On unravelling this in water it opened out into a thin flat clot such as I have described, which could be readily placed *in situ*, and corresponded exactly with the cavities of the left ventricle and auricle.

It is strange that this form of cardiac thrombosis has not received more attention, as it is by no means rare.

Wimpole-street, W.

URETHRAL CALCULUS IMPACTED FOR 15 YEARS.

BY T. BATES, JUN., M.B., B.S. LOND., F.R.C.S. ENG.

THE patient was a male, aged 39 years, unmarried. The following history was given. The patient was circumcised in 1899 at the Middlesex Hospital. In 1900 he was seized with acute pain in the penis. A small calculus became lodged in the fossa navicularis. He consulted a medical man, who prescribed some medicine for him, and shortly afterwards he left London, since which date he had consulted no medical man, although the calculus remained *in situ*. I saw him on account of severe

The calculus, exact size. The upper view shows the dorsal aspect and the lower view shows the right lateral aspect of the calculus.

pain and swelling in the penis. I then found the distal half of the penis much swollen. Thin watery pus was discharging from the urethra. There was a muco-cutaneous fistula opening behind the glans penis.

Operation.—An incision was made from the meatus urinarius to the muco-cutaneous fistula, the stone removed, and hæmorrhage controlled by cat-gut suture of the wound. A No. 12 bougie was passed once a week for four months as a precaution against stricture.

The stone weighs 58 grains; size $1\frac{3}{8} \times \frac{1}{2}$ in. The anterior third is smooth and blunt; the posterior two-thirds are rough and pointed. The anterior half is hollow, the walls being laminated, the inner laminæ being dark in colour and the outer ones pale.

Worcester.

THE Royal Dental Hospital, Leicester-square, has received a donation of £500 from the trustees of Smith's (Kensington Estate) Charity.

Medical Societies.

ROYAL ACADEMY OF MEDICINE IN IRELAND.

SECTION OF MEDICINE.

Dermatitis Herpetiformis.—*Urinary Concretions.*—*Cases of Landry's Paralysis, Myasthenia Gravis, and Epileptic Automatism.*

A MEETING of this section was held on April 23rd, Professor J. A. LINDSAY, the President, being in the chair.

Dr. C. M. O'BRIEN showed a boy, aged 14, who had been suffering from Dermatitis Herpetiformis since he was 3 months old. He was one of a family of nine healthy children, and up to the time of vaccination was in good health. He then developed a rash, which in its early stages caused much itching, was multiform, and well marked on the arms and legs. A peculiarity was its persistence and recurrence. It never totally disappeared.—Dr. WALTER G. SMITH said the disease was rare; he suggested "dermatitis multiformis" as a better name. He considered the persistence and recurrence its distinguishing marks. He looked upon treatment as of no avail.

Dr. WALTER SMITH read a paper on Urinary Concretions, their Origin and Modes of Formation, in which the following questions were brought forward: 1. Is there any essential difference between gravel (sand) and calculus? 2. Is there any general theory of calculus formation? 3. Is there a scale of relative frequency of the different species of calculi? 4. What do we know as to the determining factors leading towards or producing calculi? 5. How far can we trace the coöperation or interaction of colloids and crystalloids in their production? 6. Has the frequency of calculi sensibly decreased within recent times. Stress was laid upon conditions of altered or perverted metabolism in the etiology of calculus, and attention was called to our ignorance of the pathology of gout and to the exaggerated statements as to the alleged pernicious effects of uric acid in the blood. The conditions relating to relative solubility were discussed in some detail, and it was insisted that the relations between colloids and crystalloids are of prime importance in the etiology of urinary concretions.—Sir JOHN MOORE recalled his experience of 40 years ago at the Meath Hospital, when the surgeons were almost constantly operating for stone. He thought the prevalence of stone had decreased in recent years. He had always connected the subsidence of ordinary calculus with the introduction of Varley water.—Professor H. METTAM said that urinary calculi, chiefly oxalate, carbonate, or mixtures, were met with in the domesticated animals. In a specimen shown at the Section of Pathology renal calculi were found in the lymphatic spaces outside the tubules. In the lower animals calculi of enormous size were met with. It had been observed that rams fed on mangolds, which are very rich in sugar, frequently developed calculi.—Dr. A. R. PARSONS asked for an explanation of the frequent occurrence of calcium oxalate crystals in the urine of diabetics.—Professor E. J. MCWEENEY said that during the past 20 years he had examined from 50 to 60 ordinary calculi and was strongly struck by the extremely dark colour of these oxalate of lime calculi; an oxalate of lime calculus found in the pelvis of the kidney was absolutely jet black with a very polished surface. This dark pigmentation of calcium oxalate calculi might be correlated with the fact that their surfaces are so rough that they produce small hæmorrhages.—The PRESIDENT said that in his experience in the North of Ireland calculus was rare, and he thought that a decrease had come about in recent times. The decrease might be accounted for by the extreme rarity of gout, which was much more common some years ago.—Dr. SMITH replied.

The PRESIDENT read the notes of the following three cases. 1. A case of Landry's Disease. He discussed the possibility of the case being one of acute ascending myelitis, acute poliomyelitis, or acute toxic polyneuritis, but was of opinion that these conditions could be excluded, and that the case was a genuine example of Landry's syndrome. 2. A case of Myasthenia Gravis. The points of distinction between myasthenia gravis and