

elderly patient must always be looked upon as a most formidable disease; whilst the danger must be proportionably increased when, as in this case, it covers the whole of a broad *nucha*, or when the patient has attained so advanced an age as seventy-four years.

On the second point, I would express the opinion (shared both by Mr. Nichols and Mr. Watson, who watched the case with me) that the carbolic acid had a marked effect in checking the spread of the carbuncular growth wherever it was, and could be, applied *beneath* the skin, at the same time that the inflammation and swelling continued to spread rapidly on the side where the acid could not be so applied. But, independently of any such opinion, it is quite certain that its application produced a speedy and marked effect on the appearance of the sloughing tissue. Pale, flabby, and sloughy cellular tissue became quickly covered with new, red, and even florid granulations; the amount of suppuration was much diminished, and throughout a much smaller quantity than usual of shreds of slough were discharged; whilst the diseased skin, when its spread was once arrested, appeared to regain with great rapidity its natural level, colour, and consistency.

The effect of the caustic in checking the increase of the little angry festers which formed below the tumour, where the discharge had run down upon healthy skin, was most immediate and remarkable.

I am fully conscious of the danger of dwelling too much on the facts of a single case, or of allowing the apparent effect of any remedy after a single trial unduly to influence the mind; but after the opinion (one involving an important principle) expressed by Mr. Startin, and seeing how greatly the favourable action of carbolic acid, from its well-known life-destroying powers, would support this opinion, I have thought that the relation of even this single case might have its value.

It seems to me very plain that the opinions which have been expressed as to the nature of carbuncle, from Hippocrates downwards, are very unsatisfactory, and that they by no means explain the facts of the case, and especially the definite appearance of the tumour, its uniform mode of growth, and its tolerably regular duration and decline.*

For why, I would ask, should an ordinary morbid material or peccant humour present in the blood (excluding a living one, which might have some special affinities for place or tissue) be so constantly deposited beneath, or cause inflammation of, the skin of the back of the neck? Why should it cause a spreading inflammation, one that continues to spread through an almost definite, and certainly a very limited, number of days? Why from such a cause should the swelling always assume a circular form. Why should it almost always be single? Why should all its other characteristics be so definite and uniform? Why should it tend to occur in the aged, the corpulent, or the otherwise feeble, or broken in health or in nerve-power? Why should the discharge from it be able to produce boils, or miniature carbuncles, on the adjacent skin? And, lastly, why should parasiticide applications generally (in the experience of Mr. Startin), and carbolic acid (as in this case), be able favourably to control its progress? On the theory of its being a non-specific disease, produced by some indefinite blood-poison, all these questions seem to me to wait for an answer; but on the supposition of its being due to the life and growth of a parasite, of a huge flat fungus, or other mass of rapidly-extending "germinal matter" in the subcutaneous cellular tissue, they appear to be easy of explanation.

The spreading redness around the margin of the enlarging mass, and the death of some of the involved tissue, approximate carbuncle, as to class, to such diseases as vaccinal pustules, phlegmonous erysipelas, or, above all, to secondary pyæmic abscess; and if it be granted that the boils which so often spring up around its margin are true inoculations, a still further analogy exists, and a still greater *a priori* probability of its having a living and probably parasitic origin, for it appears impossible to believe that any disease capable of reproducing itself can have a nature other than organic, vital, and organised.

Norwich, December 4th, 1869.

* On the same grounds, I would say that the opinion advanced by Dr. Tilbury Fox, in his comments on Mr. Startin's paper, that carbuncle is intimately connected with the diabetetic condition, is equally unsatisfying, as it merely substitutes one *predisposing* cause for another, but leaves the intimate nature of the local disease unexplained.

A CASE OF "ADDISON'S DISEASE" WITHOUT BRONZING OF THE SKIN.

By WILMOT H. T. POWER, B.A.,

ASSISTANT-SURGEON, 2ND BATTALION, 13TH LIGHT INFANTRY.

PRIVATE J. L. was admitted into hospital on the 20th of July, 1869, with symptoms of asthenia, and evidence of tubercle at both apices. The course of the case was such as usually described, the amount of asthenia being far greater than could be accounted for by the extent of lung disease; but during life the disease of the supra-renal capsules was never suspected, though it was quite evident some complication of the lung disease existed. The temperature of the body was taken night and morning on several occasions, but it was always normal. There was never any bronzing of the skin or buccal membrane. Taking the summary of the symptoms in ordinary cases, as given by Dr. H. Greenhow in THE LANCET for 1st April, 1865, this case precisely accorded with it. The patient died on the 18th of August, 1869, having been twenty-nine days in hospital; he was apparently much better a few hours before death, which occurred suddenly.

Autopsy, thirteen hours after death.—All the organs healthy to the naked eye except the following:—Right lung: A few scattered tubercles, a good deal congested throughout, and adherent to the chest wall by a thin but tough membrane. Left lung: A good deal puckered at the apex, with numerous patches of congestion, and scattered tubercles, mostly in a calcareous state. Right supra-renal capsule: Irregularly enlarged, normal shape quite lost; on section, patches of tough, yellow, cheese-like material. Left supra-renal capsule in a similar state, but larger and more rounded.

Remarks.—It is evident from this case that death may ensue from the supra-renal capsule disease itself, before it has reached the stage of abscess (supposing such to be the final termination in the event of life lasting long enough), and without serious disease of any other organ. As to treatment, whether by mere coincidence or not, he improved greatly for the last four days of his life, when opium was given to him in doses of three or four grains per diem. This man had for some years past come occasionally to hospital, looking ill, and making indefinite complaints, and it may be a question whether the disease of which he died may not have continued for years, small portions of the capsules becoming diseased from time to time. I may add that I hope on a future day to give the results of a minute examination of the diseased organs.

Aldershot, November 5th, 1869.

VAGINISMUS, TREATED SUCCESSFULLY WITHOUT OPERATION.

By WHARTON P. HOOD, M.D.

CASES of vaginismus are, I think, sufficiently rare to justify a record of the following case, especially as there are, it seems to me, one or two points in regard to the treatment adopted which directly controvert the views advocated by a most distinguished authority on the subject.

In August, 1868, I attended a lady, twenty-three years of age, who had been married two years; and during this time all attempts at marital intercourse had failed, owing to the pain suffered by the female. The health of both husband and wife, it need hardly be said, was not improved by this condition of affairs. The wife was extremely anxious that something should be done to remedy matters, but was excessively nervous at the thought of an operation. I told her, however, that I did not think an operation, in the ordinary sense of the term, would be necessary; but as she was so fearful, she might have some chloroform. Accordingly, I administered chloroform on the 12th August, and, in the presence of the husband, made a vaginal examination. I then found that the hymen had been ruptured, and so far as that was concerned there was no obstacle to complete intercourse. The remains of the hymen were still apparent;