

palpitations of the heart and great vessels, venous and arterial murmurs, failure of the complexion, certain disorders of the uterine function. In general, the diseases termed nervous, depend on aglobulin, or at least always coincide with it. Aglobulin is more frequent in women than men. The majority of women have a slight degree of aglobulin, which explains their nervous susceptibility, their exalted sensibility, and their many neuralgias. Sydenham affirmed that two-thirds of the female world suffer from hysteric symptoms. Women have a smaller proportion of blood globules than men; they are more subject to nervous maladies. This smaller proportion of the blood globules in them, may be ascribed to their periodical hemorrhage; for all hemorrhage diminishes the blood globules. The menstruation, then, has the effect of producing in females their peculiar nervous susceptibility.

The nervous symptoms of the first months of pregnancy depend on the diminution of the blood globules. It has been observed, that nervous diseases have a tendency to subside after the critical age. It is equally an observed fact, that after this period of life the blood globules acquire an increased proportion, owing to the cessation of menstruation. In general, women bear blood-letting and spare diet ill, because these means favour the diminution of the blood globules, and exalt the nervous tendency. It has been said, with truth, that chlorosis is the basis of pathology in the female constitution. Hysteria is the aglobulin of females from twenty-five to fifty-five years of age; chlorosis is the aglobulin of young girls, and often of young men; hypochondriasis is the aglobulin of grown men. Proceeding on a different train of ideas, Sydenham conceived there is no difference between hysteria and hypochondriasis. A great number of chronic maladies,—but, in particular, syphilis, tubercle, cancer, and intermittent fevers,—gives rise to aglobulin, which is then symptomatic. Spare diet too long persevered in, too frequent venesections, produce aglobulin, and consequently nervous excitability. This happened very often at the time when gastralgias were mistaken for forms of gastritis; the means adopted as methods of cure prolonged the disease.

Antispasmodics sometimes calm nervous excitement, but never cure it. To produce a radical and complete cure, the blood globules must be brought back to their normal state; and the only mode of accomplishing this end is by animal diet, wine, iron, bitters, exercise in the open air, in the sunshine, residence in the country, sea-bathing, &c. When aglobulin is symptomatic, the same means tend to produce a cure. In the third stage of syphilis, and in old intermittents, it is found beneficial to unite animal diet, wine, iron, and bitters, with the antisypilitic and febrifuge remedies. If the alteration of tissue be incurable (tubercle and cancer), iron may relieve, but cannot cure.

An increase in the proportion of the blood globules (140, 150, 170 per millimetre), or hyperglobulin, impairs the nervous sensibility, and leads to apathy. Those affected with hyperglobulin have diseases in general peculiar to themselves,—gout, gravel, cerebral hemorrhages. Venesection, spare diet, vegetable nourishment, alkaline waters, &c., are the best means of curing hyperglobulin.

To conclude, the functional derangements of the vascular system, and the functional derangements of the nervous system, arise in inverse proportion.—*Monthly Journ. Med. Sci.*, Nov. 1847, from *Gaz. des Hôpitaux*.

26. *Scrofula*.—(*Prov. Med. and Surg. Journ.*, April 7.)—"Scrofula," says Dr. Anson, of Malvern, "is a term used to designate a particular state or condition of the living body, rendered apparent by the phenomena of its nutrition and diseases. The term, whatever may have been its origin, seems, like many others in medical science, to have been handed down with reference to the human structure, for convenience sake, rather than for any other reason. Writers upon the subject of scrofula, for the most part, reiterate one after another, certain external appearances in the general contour of the person; in the eyes, lips, nose, countenance, or complexion, by which, they say, those individuals who are scrofulous, may be distinguished from others who are not so. But we shall hereafter show, that no satisfactory practical distinctions can be safely made upon such grounds, the constitutional disposition not declaring itself until the qualities of the textures, and their capacity of withstanding injurious influences, have been tested and declared by some irritating or disturbing cause, giving rise to an unusual local increase of

nutritive matter; when the form of the morphology or metamorphosis—the conformable or unconformable type of the changes—pronounces the constitutional diathesis.

"If there be one fact better established than others, in respect of scrofula and scrofulous diseases, it is their hereditary character, the offspring exhibiting bodily and mental powers, and forms of disease similar and analogous to those which have been known to exist previously in one or both parents. This transmission of structural or constitutional and other qualities, from parent to child, is one of those remarkable facts in living bodies, which we look to the recent rapid advances of physiological science to elucidate. To say that children inherit the dispositions and diseases of their parents, and to rest content with the barren assertion, is to leave to conjecture questions of the highest interest to medical and moral science. If the lineaments of the face, the colour of the eyes and hair, the tones of the voice, an ear for music, and mental aptitude, be handed down from father to son, they must be so by a wonderful consensaneous harmony of organization—an almost incredible conformability in the morphology of nutrition; and if the physiology—if the constitution, temperament and mind, be so similar, then, however little we may be able to explain the fact, it follows almost necessarily, that the pathology and diseases will prove so too;—not scrofulous diseases exclusively, but all others also.

"The most certain evidence of the existence of a scrofulous disease,' observes a recent medical writer, 'is afforded by the production of a soft brittle unorganized matter, resembling curd or new cheese, which is found mixed with the contents of abscesses, or deposited in rounded masses of different degrees of firmness, and varying in bulk from the size of a millet seed to that of a hen's egg; sometimes it is enclosed in cysts, and occasionally it is diffused, as if by infiltration, through the natural texture of the part. To the rounded masses of this substance, the name of tubercle has been assigned, and the substance itself has been named tuberculous matter.'"

27. *Seat and Nature of Tubercles in the Lungs.* By WILLIAM ADDISON, of Malvern.—Tubercular consumption and phthisis are terms used to designate that species of disease which consists in the filling up of the air-cells of the lungs,\* and the destruction of their vascular walls by a soft, brittle, white matter, named tubercle or tuberculous matter. The best and most recent pathologists have differed in their statements and opinions regarding the seat and nature of tubercles in the lungs, nor are they agreed as to the changes they undergo. LAENNEC describes them as small firm bodies, which gradually enlarge, then soften, and by degrees become converted into a liquid mass. ARNDAL differs somewhat from Laennec; he says, that tubercles soften, not from any spontaneous changes in themselves, but from an admixture of purulent matter poured out from the living texture immediately surrounding them. Dr. CANSWELL states, that tubercles originate from morbid changes in the blood, and that their most frequent seat, is the surface of the mucous membranes; this author believing, in common with many others, that the membrane of the air-cells of the lungs is a mucous membrane. Dr. C. J. B. WILLIAMS states, that "lymph, pus, and tubercle, pass by imperceptible gradations into each other;" and in this opinion I concur, in so far as that pus may pass into tubercle or mucus, or into a mixture of tuberculous and mucous matter, but the converse never can occur.

Tubercles exist in the lungs more frequently than is generally imagined. Of the numerous apparently-healthy lungs which I have examined in the course of my researches, I have found them in about one-third. In their early state they escape notice, unless searched for with a lens in very thin sections, gently extended upon a dark background. In order to make out correctly the primary situation of a tubercle, the examination should be made in the lungs of young persons, who have died of other diseases; for in those who die of consumption, so many changes have taken place, and the several textures of the lungs have been so altered, that it is impossible to find tubercles in that early condition in which alone their situation, in or upon the membrane of the air-cells, can be determined.

\* Dr. Cumin in *Cyclopædia of Practical Medicine*, vol. iii. p. 701. Art. Scrofula.