

three heads: 1. As a result of imperfect primary assimilation; 2. As a result of a metamorphic process, normal in nature, but extreme in amount; 3. As a result of defective elimination of the fibrin by the excretory processes provided for the purpose.

Having said thus much, we must refer our readers for the conclusions which the author draws as to treatment to the paper itself; we will merely add that his theory possesses a great resemblance to that propounded by Mr. Toynbee, a short time back, at the Medico-Chirurgical Society, shortly after the publication of the first part of Dr. Bond's paper.—*Brit. and For. Med.-Chir. Rev.*, Oct., 1858.

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22. *Bronzed-skin Cachexia, with Congenital Absence of the Supra-renal Capsules.*—Mr. J. K. SPENDER records (*British Medical Journ.*, Sept. 11, 1858) an example of this. The subject of it was a female, 53 years of age. "She had been for some time 'out of health'—ailing—suffering from something difficult to define, and out of the category of ordinary nosologies. She looked very pale, the pallor having that dark earthy tint which is ordinarily associated with the existence of malignant disease. When she sat down, she stooped forward like a very aged person, from physical inability to sustain herself upright; and her lassitude and exhaustion appeared to be extreme. No pain was complained of, but she had lately suffered from diarrhoea, although this was not of sufficiently long continuance, nor of sufficient severity, to explain the aggravated spanamia. Her health, until two months previously, had always been good; and she had apparently been one of those persons who, by 'never having known a day's illness,' are said by a great humourist to miss one of the finest disciplines of life."

The treatment was simple, and did not influence the progress of the disease.

"The *post-mortem* examination revealed the entire absence of the supra-renal capsules. The kidneys were healthy; but there was a remarkably anæmic condition of the whole mucous membrane of the alimentary canal—a point to which attention was first directed by Dr. Simpson. Black pigment was accumulated to a considerable extent in the mesenteric and bronchial glands. The latter were so swollen with pigment that they appeared like tough inky tumours, thus literally realizing Rokitsansky's words (vol. iv. p. 393, Syd. Soc. edit.). Black pigment was also noticed in the parenchyma of the lungs. The other thoracic and abdominal organs were healthy. The cavity of the head was not examined. The tegumentary discoloration was tolerably uniform, and had a metallic shining character by reflected light. Over the flexures of the great joints, the dark tinge was much increased."

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23. *Bronzed Skin and Healthy Supra-renal Capsules.*—Dr. HARLEY showed to the Pathological Society of London different parts of discoloured skin, and also the healthy capsules, which were taken from a man, aged sixty-six, who died in University College Hospital. The patient was admitted into the hospital, under the care of Dr. Parkes, a month before his death. At the time of his admission he presented a curious appearance, being more like a half-caste than a native of a temperate climate. The whole body, except the lower extremities and a few isolated patches on the abdomen, was of a dark bronze colour, the darkest parts being about the head and neck. His history was, that seven years ago he had a five-weeks' attack of jaundice, from which he perfectly recovered. Three or four months afterwards he observed a change taking place in the colour of his skin; some parts seemed to become whiter, others darker. The dark places gradually increased in size, and at the end of six months had extended to nearly the degree they presented on his admission. During the last three or four months of his life he had become gradually weaker, lost flesh, and had little or no inclination for food. His bowels, too, were irregular. In fact, the case presented the signs and symptoms of Addison's disease. On post-mortem examination, however, the capsules were found *perfectly* healthy in every respect, both by naked eye and microscopical examination. The peritoneum, as well as the rete mucosum of the skin, contained pigmentary matter. The man died from ascites, the result of a diseased liver.—*Lancet*, Nov. 27, 1858.

24. *Intestines of a Pig, which, for six weeks before death, had been fed with "Typhoid Dejections."*—Dr. MURCHISON exhibited these to the Pathological Society of London, and observed that although it was generally admitted that the true typhus fever is eminently contagious, many still entertained doubts as to the contagious nature of the so-called "typhoid fever;" yet it was difficult to explain, in any other way, the facts which had been adduced by Bretonneau, Gendron, Piedvache, and others. Some observers, and more particularly Dr. Budd, of Bristol, and the late Dr. Snow, had thought that typhoid fever was propagated by the dejections from the bowels. Without questioning the validity of this supposition, Dr. Murchison expressed his belief that many of the facts which had been urged in its support might be explained on the hypothesis of a spontaneous origin of the fever from the putrid emanations from the drains, which had been thought merely to convey the poison. All those who had considered that the fever might be communicated by the dejections had been strong opponents of the possibility of its spontaneous origin. It was obviously of great importance, both in a medical and a sanitary point of view, to determine whether fever might be communicated in the manner just alluded to. The experiment had been undertaken in order to throw some light upon this question; and its results were offered simply for what the results of one experiment might be worth. A pig had been selected for the experiment for the following reasons: 1. Because in its diet it approached most nearly to man; and it was thought that less difficulty would be encountered in making it submit to the experiment than with other animals. 2. There were few or no animals in which the structures that became specially diseased in typhoid fever, viz, Peyer's patches, were so well developed. 3. Because there was evidence that the pig was liable to typhoid fever. Cases of the disease, in this animal, in which the characteristic lesions had been found after death, have been described by Falke and other writers on veterinary medicine. The pig selected was between three and four months old. Care was taken that the dejections were obtained from typhoid patients in whom they presented the light ochrey colour peculiar to the disease in the most marked degree; they were mixed up with barley-meal and other articles of food. The first was given on Sept. 9th, 1858. For the first three weeks one was given every day, or every second or third day. During the next fortnight, two or three were given every day; and, during the last week, one every second day. They were eaten greedily. On two different occasions, during the first fortnight, the animal had slight diarrhoea, lasting for twelve hours, and its ears felt rather hot; but these symptoms speedily subsided. With these exceptions, the animal exhibited no abnormal symptoms; its stools were of normal consistence, and it increased greatly in weight and size, as was shown by measurements taken at the commencement and at the termination of the experiment. On Oct. 23d it was killed, and its body opened. There was abundance of subcutaneous fat, and the muscular tissue appeared healthy in every respect. The intestines throughout were healthy. There was not the slightest trace of any recent or old ulceration anywhere, nor of any thickening or alteration of Peyer's patches, or of the solitary glands. The mesenteric glands were not enlarged.—*Ibid.*

25. *On a peculiar Black or Blue partial Coloration of the Skin, which is sometimes observed in Women, particularly round the Eyelids.* By LEROY DE MERICOURT. Besides the four cases of this singular affection described by Neligan, M. quotes one case described by Yonge in 1709. She was a girl of 16, native of Portsmouth, never menstruated, and black coloration gradually disappeared in six months; and another described by Billard in 1813, also a girl of 16, whose face, neck, and upper part of the breast, particularly the brow, *alae nasi*, and round the mouth, presented a beautiful blue colour, which could be wiped off with a towel, and coloured the white linen. She had menstruated regularly for two years; and from that date had observed the blue coloration round her eyes, which disappeared in the open air, but speedily returned, so soon as she began to work in a warm close room. After a year, the blue coloration spread over her face, neck, and belly, and no longer disappeared in the open air. Subject to a dry cough, she occasionally expectorated a little blood, especially