I shall now endeavour to sum up for you the conclusions which I draw from a review of the history of electrolysis in aneurism, and my own experience of its working. I beg you to understand that I speak tentatively only; that I am not inclined to dogmatise.

1. In aortic aneurism, electrolysis is available to prevent external hæmorrhage; and in such cases the operation should be prolonged, that it may occupy, so far as is possible, the external sac with the electrolytic products.

2. Even when the aneurism has not penetrated the wall of the thorax or abdomen, electrolysis may be hopefully used after a trial of other remedies, but should not be pushed to the same extent.

3. In external aneurisms, electrolysis should be tried, if compression be not available, or have failed; and is to be preferred to ligature—at least of the innominate and iliac arteries.

4. Both poles ought to be inserted, unless the aneurism be fusiform, or too small to admit them.

5. If only one pole be used, the positive should be inserted, because its clot is firmer and more adherent, though smaller.

6. The needles ought to be insulated, by means of vulcanite.

7. The battery should have large electromotor force. If both poles be inserted, from four to six cells of medium size should be used; if one only, a large number of cells of smaller size are required.

PART OF A CLINICAL LECTURE

ON

CORYMBIFORM ARRANGEMENT OF ERUPTIONS AS INDICATIVE OF NERVE-CAUSATION.

By JONATHAN HUTCHINSON, F.R.C.S.,

Senior Surgeon to the London Hospital, and to the Blackfriars Hospital for Skin-Diseases; Surgeon to Moorfields Ophthalmic Hospital.

I AM not certain, gentlemen, that corymbiform is precisely the best word to use for what is meant, but it is already in possession. Writers speak of "corymbiform small-pox", "corymbiform herpes", and the like, when they mean that the patches of eruption consist of separate, or, in some cases, confluent spots, which are arranged in a thick cluster, with irregular edges, like a bunch of grapes, or like the leaves on a small beech branch. Any one who has ever looked carefully at a shingles patch will know exactly what I mean. In many cases, to call it *paniculate* would be more appropriate; but, after all, there is no botanical object which supplies a condition of things precisely similar. The herpes group is like a bunch of grapes in its middle; but it differs from it, and from anything which I can call to mind in the corymbs or panicles of flowers, in that there are generally a few twigs which project a good deal beyond the rest: there are also generally a few which come off from the main stem higher than the main branch. These features will be easily understood, if we allow ourselves to realise the ultimate distribution of nerve-twigs, their subdivision and re-subdivision, before they reach their final destination in the corpuscles of the skin. In this conception we have also the real explanation of the phenomenon.

Whenever you observe corymbiform arrangement of spots, you may infer that the nervous system is concerned, if not primarily in the cause of the eruption, at any rate secondarily or mediately in its distribution. All forms of herpes are invariably corymbiform, and invariably due to nerve-cause; and if the eruption did not show this peculiarity of arrangement, we should, according to the modern use of the name, deny that it was "herpes". This is what might be expected *à priori*, for, according to our theories of herpes, this eruption depends invariably upon nerve-irritation. There are some other conditions, however, under which we meet with corymbiform or branch-of-tree arrangement, when from our knowledge of the cause we should not have expected it. I pointed out to you the other day, in a case in which a free vesicular eruption followed the use of the iodide of potassium, that some of the groups on the neck were corymbiform—in fact, exactly like those of herpes. This occurred on the left side of the neck. I have seen a syphilitic eruption definitely corymbiform in parts. The same character occurring occasionally in variola, has excited the notice of many writers: in fact, a very distinguished observer has thought that he could always trace this arrangement in all forms of small-pox. I myself have tried to do so, but think that this requires the aid of imagination to a considerable extent; yet the fact remains undoubted, that the character in question is often most conspicuously marked. In the cases in which I have seen it, it has usually been non-symmetrical.

Now the point upon which I wish to insist to-day is, that whenever you observe corymbiform arrangement, whatever may be the nature of the primary cause, you may safely believe that the distribution is effected through the nervous system. There is no other way of accounting for it. Now, see what follows. If this be so, then it must be possible for a blood-poison to so affect certain definite parts of the nervous system—the ganglia, say, of special spinal nerves—as to induce changes of nutrition in the parts to which they are distributed. Of extreme interest in reference to this point is the observation, that arsenic introduced into the blood and allowed to act on the whole system, may cause, as the sole conspicuous result of its activity, an eruption of herpes zoster. I say of herpes zoster, for the eruption is, in truth, in no single feature, either of appearance or in clinical course, distinguishable from zoster: it is zoster to all intents and purposes. In the case of syphilis and variola, when corymbiform patches occur, their resemblance to herpes zoster ends with their type of arrangement, and they obey in other respects the laws of the specific blood-causes named. Thus I have seen what might be called syphilitic herpes persist for weeks in a manner which is never witnessed in common zoster, the spontaneous and easy disappearance of which is well known. Arsenical zoster, on the other hand, comes out and disappears just according to what we know of the idiopathic form—that is, after a very brief duration. Possibly other drugs besides arsenic may occasionally cause herpes zoster. I have mentioned above a resemblance to it produced by iodide of potassium; and I showed you the other day a severe case, for seeing which I was indebted to my colleague Dr. Hughlings Jackson, and in which it occurred during the administration of the bromide.

You will see that it becomes less easy than we might have at first thought to be the case, to infer from a known cause as to the precise relationship to itself and to each other of its varied results. When we speak of certain local results being due to a state of blood-poisoning, we mean that the poison in question, circulating free in the blood, excites, by its local action on the cell-structures which receive it, the effects which we witness. We do not mean, or at any rate not usually, that it affects certain nerve-nuclei, and so changes their condition that they originate disturbances of nutrition in parts at a distance and connected only by nerve-cords. This is to take the malady in question out of the category of blood-diseases, and transfer it to that of the neuropathic affections. Let me add, that the knowledge that a blood-cause can originate a neuropathy is to some extent new, or at any rate has not received the attention which it deserves. It has long been acknowledged that ague-poison might cause local neuralgia, but I think that few have as yet made their minds familiar with the conception of local disturbances of nutrition as having their origin in nerve-disturbance due to a blood-cause. Thus a wide and probably a very valuable field is opened for observation, and chief among the special symptoms which will help us are the corymbiform types of skin-eruptions. We must observe further and more closely as to the circumstances under which they occur; with what drugs or with what other kinds of blood-poison they are associated. For the present, to recapitulate, we know them chiefly in herpes, in small-pox (occasionally), morphea (Addison's keloid), syphilis (rarely), and the rashes due to arsenic and iodide of potassium; but probably these are but a small part of the whole of those in which occasionally this law of distribution is illustrated.

ST. GEORGE'S, HANOVER SQUARE.—Dr. Corfield reports that, according to the Registrar-General's weekly returns, there were 146 deaths in the four weeks, giving a corrected death-rate of 20.23 per 1,000 population *per annum*. That there were 4 deaths from scarlet fever, 1 from diphtheria, 6 from whooping-cough, and 3 from fever. He also makes the following statement, which we should have not expected from the medical officer of this rich parish: "It is my duty again to remind you that, on the average, one death a-week occurs from scarlet fever (not to mention the other infectious diseases), and that I am still deprived of the means of ascertaining, in the greater number of cases, where these deaths occur, and so am unable to stop the spread of the disease by means of infected bedding, clothes, etc.; and I have no doubt whatever that the number of cases of such diseases is much increased by the want of due sanitary precautions". He also alludes to the well-known fact that there are generally sanitary defects in houses where typhoid fever occurs, and that, if he knew of these defects, he could take such action as would prevent a recurrence of the disease. The statement can only refer to the non-supply of copies of the returns furnished to the Registrar-General; and it certainly appears, to say the least of it, extremely singular that the medical officer has not been supplied with them. Most of the metropolitan vestries have agreed with the district registrars to have the information sent to their medical officers of health on every Monday, and the St. George's vestry should lose no more time in following their example.