"Glandular leg of Barbadoes," or "Une Maladie particulière au Système Lymphatique," were its respective designations. But, in the cases of angioleucitis ordinarily observed, and generally resulting either from injury or from the irritation of some specific poison, although the red ribband-like band or cord extending to the nearest glands is seen, causing, at times, severe constitutional disturbance, resembling that described as peculiar to elephantiasis, still, either extensive effusion of simple lymph or permanent enlargement of the affected part, is of extreme rarity indeed—almost an unknown result of such inflammation, and quite inadequate *per se* to the production of the disease. Subsequently, Bouillaud and Cruveilhier, observing the immense oedema of the extremities consequent upon obstruction of the femoral veins, and finding such effusion occasionally becoming solid and undergoing conversion into fibrous tissue, regarded the permanent deformity as a secondary consequence of the obstructed venous current. The former pathologist, in the course of his valuable inquiries into the causes of oedema, met with the case of a young woman whose legs and thighs actually resembled those of an elephant in point of size, owing to complete obstruction of the cava and the femoral veins. Dr. Meigs has also known the enlargement of the extremity caused by phlegmasia dolens to persist for years. Indeed, a limb thus permanently enlarged would constitute the purest type of local elephantiasis, and form a class of cases, at times demanding treatment. Frequently recurring erysipelas, and even eczema, may occasionally be exciting causes of the disease, from the implication of the connective tissue and adhesive phlebitis of the smaller veins. Syphilis and the paludal poison are, at times, more especially influential. The author has observed a case of chronic albuminuria in which the skin of one of the enormously distended legs gave way, and constant drain ensued for nearly twelve months preceding a fatal termination. Here the skin of the leg and thigh was exceedingly hard, brawny, and tuberos, with greatly diminished sensibility, giving the affected parts a somewhat elephantoid aspect.

Of these alleged causes, however, none act with such uniform certainty in the production of the disease as to entitle them to a higher rank than that of "occasional" or "exciting." As Rhazes most accurately pointed out, there are two forms of Arabian elephantiasis—the white and smooth, and the brown and coarse; the former caused by "phlegm" or lymph; the latter by dark blood and knotted veins (to be distinguished, however, from simple varix). In the first form, the disease would seem principally to affect the deeper structures and dermic layers, giving rise, at times, to fatty degeneration of the muscular or even osseous tissues, or to a collection of viscid fluid, leaving the surface comparatively unaffected; while, in the second form, the cuticular aspect of the dermis is additionally affected, stretching the skin and rendering it knotty, fissured, and otherwise diseased. Here the cuticular sensibility is very much diminished, while in the smooth variety it mostly remains intact. It must, however, be borne in mind that the diminished sensibility is restricted to the part involved, and is, apparently, simply the result of the thickened cuticular surface, differing much from that more general anaesthesia which is so characteristic of one of the forms of Greek leprosy—*Lepra mutilans vel anæsthetica*. In this variety, the nervous cords are involved, as shown by the recent investigations of Studener.

It must be admitted that, genuine Arabian elephantiasis at its onset probably involves both the circulating and lymphatic systems, since more or less of local oedema usually heralds in the attack. This position, however, is disputed by Professor Allan Webb, who studied the disease on a very large scale in a hospital devoted to such cases in Bengal. He denies the participation of either veins or lymphatics, and describes the disease as commencing *without* these vessels, by the development of nuclei in a blastema, and their conversion into fibrous and elastic tissue enclosing an albuminous fluid. This view derives support, to some extent, from Virchow's well-known researches in "cell-pathology."

There yet remains, then, to be discovered, the unknown factor which immediately determines the perversion of nutrition on which the disease depends. It must be some special constitutional condition, since, notwithstanding what has been designated as elephantiasis is at times apparently a simple local condition, there is abundant evidence to show that, in the great majority of cases, some general dyscrasia must coexist. Such necessity would seem to be enforced by the following facts:—the peculiar and almost periodically recurring "paroxysms" or "accessions" of the disease, as they are termed, much resembling those of intermittent fever, and under which accessions the disease gradually advances; the frequent coexistence of visceral fatty degeneration; the occasionally insidious onset of the disease, unattended by any prior marked symptoms; the occasional disappearance of the disease from its first site to reappear in another and often remote part of the body; and lastly, the occasional immediate recurrence of the disease in the opposite extremity to the one

removed by amputation. Whatever the constitutional peculiarity may be, it is unquestionably an acquired one, since all testimony concurs in proving it to be neither a heritable nor a contagious disorder.

ON A READY METHOD OF MAKING A FEMALE CATHETER.

By T. APPLEBY STEPHENSON, Esq.,

Surgeon to the Nottingham and Midland Eye Infirmary, etc.

I AM not quite sure whether I am the inventor, or merely the adopter, of the ready female catheter which I am about to describe; but at least I cannot tax my memory with having heard of it before, and it is certainly new to all the medical friends to whom I have mentioned it.

I refer to the employment of a portion of an *ordinary tobacco-pipe*, warmed, oiled, and introduced in the usual way. I have been in the habit for several years of using occasionally this simple contrivance, and have never found either the least danger or difficulty in its application. I have shown nurses and friends waiting on the sick how to pass this catheter; and, within the last few days, used, and caused it to be used, in the case of a young girl aged 18, suffering from tubercular meningitis.

Every surgeon, especially country ones, must have felt the great annoyance of being called some distance—perhaps in the night—to a case where it is necessary to draw off the urine, and where, suspecting nothing of the kind, he has not brought a female catheter. I know it was in such an emergency, at least nine miles from remedy, that I first perverted the tobacco-pipe from its customary purpose. It saved my patient much anguish and danger, and myself a journey home and back of nearly twenty miles just to fetch an instrument. Of course, a large reed or a piece of India-rubber tubing might answer the purpose; but they are not so firm, nor, what is more to the point, so easily procurable; while one could scarcely find "any lone house, however lonely," where a tobacco-pipe could not be soon obtained.

The pipe being well oiled and warmed, placed lightly between the thumb and forefinger, inserted in the meatus, and gently wriggled about, any surgeon that chooses to try this plan, in the absence of the regular instrument, will find the thin end of a tobacco-pipe a first-rate ready method of extemporising a female catheter.

THERAPEUTICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

CASE OF MAMMARY ABSCESS TREATED BY LISTER'S METHOD.

By GEORGE H. WILLIAMS, M.D., Rhyl.

MRS. J., aged 27, a fine healthy woman, was confined four months ago of her first child; although it was a face presentation she did well; she suffered much from excoriated nipples while suckling. About a month ago she imprudently had a morning's washing, and stood in thin slippers; this brought on pain and throbbing in the left breast, and, in spite of active treatment, a large abscess formed a little above the nipple.

On Thursday, April 23rd, 1868, I opened it according to Mr. Lister's directions. My friend Mr. Price Roberts, who had not often seen this treatment, was present, and held the soaked rag. After pressing out every drop of pus, which was fully a large tablespoonful in quantity, the putty was immediately applied; the next day I dressed it, under the same process, when, to our surprise, there was not a drop of discharge on the dressings. On the Sunday following, the cavity had filled up and healed over, and the whole breast presented as soft and healthy an appearance as the other. It has continued so, the secretion of milk reappearing at the nipple, which the child takes readily. Under ordinary treatment with unguents, poultices, etc., it would have taken a fortnight or three weeks in healing. I have under similar treatment at present a case of sinus beneath the instep, communicating with the fourth metatarsal bone, of eighteen months' duration. I shall relate the results in a future number.