Thus I am now seeing a gentleman who had a bad attack of gout a short time ago, and a distinct mark is visible on his nails, corresponding to the time of the illness. In another gentleman there exists a mark on his nails at about one-eighth part distant from the root; he had an attack of gout a short time ago, and a distinct mark is visible on his nails, corresponding to the time of the illness. Watson, in which he informs me that he had several years ago an interesting conversation with Dr. Maclean, of the Colchester Hospital, on this subject; the latter gentleman having observed transverse depressions on men's nails in consequence, as he thought, of temporary starvation or arrest of nutrition of the tissues during a bygone acute illness leave indelible traces on the teeth; and, if I have not misunderstood him, he has known a severe attack of whooping cough in childhood leave its traces on the teeth for ever. Dr. Mackays, of Ardgay, informs me that he was much interested in the subject many years ago, not only in reference to the nails, but to the changes which the hair undergoes; and he was led more especially to the investigation by the allusions made to the subject by Professor Washbourn, of Gloucester, also sent me a very interesting account of his own case, which was one of a most severe attack of diphtheria. 

The process takes place, as shown by the markings on the nails, by the falling off of the hair, or by the furrows on the teeth. Further observation may show in what affections these changes are more likely to occur, and thus may afford some indication of the amount of prostration which the system has undergone. It is remarkable that the first case in which I observed the nail-marks was one identical with that of Dr. Washbourn, one where a sudden and almost fatal prostration succeeded to a choleraic attack. The whole subject is suggestive of a wide field of physiological and pathological inquiry; but, as I have already explained, it is not understood by the public how the changes are produced, and what is the cause of the acceleration of the processes; but the knowledge thus acquired may prove of great practical importance. 

There seems, then, to be sufficient facts to prove that during a severe illness a partial cessation of the nutritive processes takes place, as shown by the markings on the nails, by the falling off of the hair, or by the furrows on the teeth. Further observation may show in what affections these changes are more likely to occur, and thus may afford some indication of the amount of prostration which the system has undergone. It is remarkable that the first case in which I observed the nail-marks was one identical with that of Dr. Washbourn, one where a sudden and almost fatal prostration succeeded to a choleraic attack. The whole subject is suggestive of a wide field of physiological and pathological inquiry; but, as I have already explained, it is not understood by the public how the changes are produced, and what is the cause of the acceleration of the processes; but the knowledge thus acquired may prove of great practical importance.

The effects upon the wards lately under my care in the Glasgow Royal Infirmary were in the highest degree beneficial, converting them from some of the most unhealthy in the city to those which were most rapidly cleared of those beings in the same apartment, constitute the great source of mischief in a surgical hospital. Hence I came to regard simple fractures, though almost destitute of professional interest to myself and of little value for clinical instruction, as the greatest blessings; because, having no external wound, they diminished the proportion of containing cases.

At this period I was engaged in a perpetual contest with the managing body, who, anxious to provide hospital accommodation for the increasing population of Glasgow, for which the infirmary was by no means adequate, were disposed to introduce additional beds beyond those contemplated in the original construction. It is, I believe, fairly attributable to the firmness of my resistance in this matter that, though my patients suffered from the evils alluded to in a way that was sickening and often heartrending, so as to make me close them up entirely for a time. A crisis of this kind occurred rather more than two years ago in the other male accident ward on the ground-floor, separated from mine merely by a passage 12 ft. broad; where the mortality became so excessive as to lead, not only to closing the ward, but to an investigation into the cause of the evil, which was presumed to be some foul drain. An excavation made with this view disclosed a state of things which seemed to explain sufficiently the unhealthiness that had long remained a mystery.

A few inches below the surface of the ground, on a level with the floors of the two lowest male accident wards, with only the basement area, 4 ft. wide, intervening, was found the upper portion of the tarsals of coffins, which had been placed there at the time of the cholera epidemic of 1849, the corpses having undergone so little change in the interval that the clothes they had on at the time of their death were still adhering, and the inscriptions on the gravestones, which were still legible, showed that those on the floor immediately above came next in this respect.
Association in Dublin, that during the previous nine months, in which the antiseptic system had been fairly in operation in my wards, not a single case of pyemia, erysipelas, or gangrene had occurred. To the memory of the serious and anxious attention of the managers of the hospital, on this subject, it would be hardly possible to devise one more conclusive.

I have discovered this monstrous evil, the managers at once did all in their power to correct it. The extent of the corrupting mass was so great that it seemed out of the question to attempt its removal; but it was freely treated with carbolic acid and with quick lime, and an open iron railing was substituted for it. There can be no doubt that these measures must have proved salutary. But even if it were admitted that they were directed, it would still have to be confessed that the situation and management of the hospital were such as to render it impossible to free the building from contamination that was so great and likely to be pernicious, but at a time when the unhealthy parts of the same building was attracting the serious and anxious attention of the managers. Supposing it justifiable to institute an experiment on such a subject, it would be hardly possible to devise one more conclusive.

It may be well to mention in detail some facts regarding the comparative frequency, before and after the period referred to, of the three diseases to which surgical wards have been exposed in the infirmary, namely, pyemia, erysipelas, and hospital gangrene.

And first of pyemia. This fearful disease used to occur principally in two classes of cases—namely, compound fractures, and those who had had in all thirty-two cases—a subject, it would be hardly possible to devise one more conclusive.

It may be well to mention in detail some facts regarding the comparative frequency, before and after the period referred to, of the three diseases to which surgical wards have been exposed in the infirmary, namely, pyemia, erysipelas, and hospital gangrene.

And first of pyemia. This fearful disease used to occur principally in two classes of cases—namely, compound fractures, and those who had had in all thirty-two cases—a subject, it would be hardly possible to devise one more conclusive.

It may be well to mention in detail some facts regarding the comparative frequency, before and after the period referred to, of the three diseases to which surgical wards have been exposed in the infirmary, namely, pyemia, erysipelas, and hospital gangrene.

And first of pyemia. This fearful disease used to occur principally in two classes of cases—namely, compound fractures, and those who had had in all thirty-two cases—a subject, it would be hardly possible to devise one more conclusive.
he entered upon his office, though convinced of the truth of the theory of the antiseptic treatment, he by no means felt the confidence in carrying it out which he has since acquired; and if an able man like Mr. Coates, imbued with the principle of purity from the hour of his birth, required some practical initiation into the subject before he could be regarded as trustworthy, still more must such be the case with those who, educated in the old system, and long habituated to its practice, have to unlearn cherished ideas and instinctive habits.

(Footnote: To be concluded.)

**FURTHER NOTES ON PULSATING TUMOURS OF THE NECK.**

By JOHN COCKLE, A.M., M.D.,
FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, AND PHYSICIAN TO THE ROYAL FREE HOSPITAL.

I SUBMIT the details of two additional cases of Dilatation of the Innominate Artery, which, added to those already published by me, may enable some general conclusions to be formed respecting the affection.

The first case occurred in a patient of Mr. Parrott, of Enfield, and which I saw with him on two occasions during the month of April last. Mr. Parrott informed me that his attention was first directed to the tumour in December, 1868, when called to the case in consequence of several severe attacks of epistaxis, in one of which he was compelled to plug the nostril before the haemorrhage could be arrested. He considered this circumstance noteworthy, as showing, perhaps, a tendency to disease of the vessels. The artery at that time was pulsating very strongly, from the sternal notch to the origin of the carotid. It was not quite clear to his mind, at this period, whether the aorta was implicated, but he considered it that was. There were no accurate means of knowing how long the tumour had existed, but, in his opinion, it probably originated about that time.

I took the following notes when I saw the case. The patient was a middle-aged widow, somewhat corpulent, and of sallow complexion. A tumour, which had been observed about four months, very large and prominent (but appearing larger than it really was from a large collection of adipose matter in front of it), completely filled the episternal hollow, passing up somewhat in front of the trachea, and from thence obliquely across the right side of the neck. The impulse was strong and forcible, but unattended by thrill; the collapse did not feel quite complete, but this might be explained, possibly, from the collection of adipose matter mentioned. The right carotid and right radial pulse, formerly strongest, has appeared of late occasionally to be slightly weaker than the left, but both are perfectly regular, soft, of normal frequency, and without any palpable differences. The sphygmographic tracing, however, shows plainly of increased arterial resistance. At or just below the sternoclavicular junction a double murmur exists, having here a maximum. The first arterial diastolic murmur is soft and somewhat blowing; the second arterial diastolic murmur is rather softer and shorter, and of a little hoarser character. These murmurs, scarcely changed, are audible in the swelling and right carotid artery, but weaker down the aorta. Immediately under the uppermost part of the carotid muscle a musical murmur of intensity is heard at the right sterno-clavicular junction. The systolic murmur is a little shorter in duration, and of stronger intensity when Dr. Sibson examined this case. The systolic murmur here is most intense, being at intervals of nearly a second maximum and the absence of collapse might be explained by

In a recent communication from Mr. Parrott (Nov. 25th) he states:—The patient has lately had three attacks of haemorrhage, always occurring in the night, early in the morning; on awaking, she has blood in her mouth. I do not think the tumour has increased in size since you saw it; she has occasionally some pain in it, but this is always relieved by the application of cold.

I ought, by the way, to mention that this patient was seen in the early stage of the affection by a London surgeon of repute, who suggested the application of instrumental pressure, but the patient either could not or would not persevere in its use.

For the next case I am indebted to the kindness of my colleague, Dr. Rickards. It is a case the more interesting as, in addition to inominate dilatation, there is cirrhosis and thickening of the left carotid.

Mrs. G.—Admitted under my care at the Royal Free Hospital in July, 1869, is a widow fifty years of age. Her complexion is slightly pallid, but otherwise natural. There is some amount of spinal curvature. She has always been of delicate constitution, and had formerly to work hard. The cause of her father's death she does not know. Her mother died of disease of the heart, at the respective ages of fifty and fifty-two. About seven years ago she first felt a beating in the hollow of the throat, and suffered from rheumatism (as she expresses it) of the head and neck. She still suffers much, at times, from the pain, which affects both sides; and during the month of April last, Mr. Parrott informed me that his attention was first directed to the tumour in December, 1868, when called to the case in consequence of several severe attacks of epistaxis, in one of which he was compelled to plug the nostril before the haemorrhage could be arrested. He considered this circumstance noteworthy, as showing, perhaps, a tendency to disease of the vessels. The artery at that time was pulsating very strongly, from the sternal notch to the origin of the carotid. It was not quite clear to his mind, at this period, whether the aorta was implicated, but he considered it that was. There were no accurate means of knowing how long the tumour had existed, but, in his opinion, it probably originated about that time.

I took the following notes when I saw the case. The patient was a middle-aged widow, somewhat corpulent, and of sallow complexion. A tumour, which had been observed about four months, very large and prominent (but appearing larger than it really was from a large collection of adipose matter in front of it), completely filled the episternal hollow, passing up somewhat in front of the trachea, and from thence obliquely across the right side of the neck. The impulse was strong and forcible, but unattended by thrill; the collapse did not feel quite complete, but this might be explained, possibly, from the collection of adipose matter mentioned. The right carotid and right radial pulse, formerly strongest, has appeared of late occasionally to be slightly weaker than the left, but both are perfectly regular, soft, of normal frequency, and without any palpable differences. The sphygmographic tracing, however, shows plainly of increased arterial resistance. At or just below the sternoclavicular junction a double murmur exists, having here a maximum. The first arterial diastolic murmur is soft and somewhat blowing; the second arterial diastolic murmur is rather softer and shorter, and of a little hoarser character. These murmurs, scarcely changed, are audible in the swelling and right carotid artery, but weaker down the aorta. Immediately under the uppermost part of the carotid muscle a musical murmur of intensity is heard at the right sterno-clavicular junction. The systolic murmur is a little shorter in duration, and of stronger intensity when Dr. Sibson examined this case. The systolic murmur here is most intense, being at intervals of nearly a second maximum and the absence of collapse might be explained by

In a recent communication from Mr. Parrott (Nov. 25th) he states:—The patient has lately had three attacks of haemorrhage, always occurring in the night, early in the morning; on awaking, she has blood in her mouth. I do not think the tumour has increased in size since you saw it; she has occasionally some pain in it, but this is always relieved by the application of cold.

I ought, by the way, to mention that this patient was seen in the early stage of the affection by a London surgeon of repute, who suggested the application of instrumental pressure, but the patient either could not or would not persevere in its use.

For the next case I am indebted to the kindness of my colleague, Dr. Rickards. It is a case the more interesting as, in addition to inominate dilatation, there is cirrhosis and thickening of the left carotid.

Mrs. G.—Admitted under my care at the Royal Free Hospital in July, 1869, is a widow fifty years of age. Her complexion is slightly pallid, but otherwise natural. There is some amount of spinal curvature. She has always been of delicate constitution, and had formerly to work hard. The cause of her father's death she does not know. Her mother died of disease of the heart, at the respective ages of fifty and fifty-two. About seven years ago she first felt a beating in the hollow of the throat, and suffered from rheumatism (as she expresses it) of the head and neck. She still suffers much, at times, from the pain, which affects both sides; and during the