

parts most frequently affected are the lower extremities, but immense collections may be situated in the loose cellular tissue of the scrotum or accumulated in the subcutaneous tissue of other parts. There is a class of tumors also with which we are more familiar, not only occupying the exterior of the body but invading the interior likewise; the morbid anatomy of which shows them to consist principally of condensed fibrin. The several stages of production are extravasation of serum, the aqueous portion of which evaporates by perspiration, and exhalation by the lungs or kidneys leaving the insoluble fibrin under various forms. It has been demonstrated as intersecting scirrhus formations, and in such monstrous scrotal and preputial enlargements, cases such as Hoo-loo's, which are largely made up of fibrin thrown out of the circulatory mass. The accretions distinguished as scirrhus affecting the pylorus, the rectum, and the mamma are of the same character—all these diseases are mainly composed of fibrinous exudations in combination with, or existing as a web containing other substances as fat globules, cancer cells, and albuminous fluid."

Thus it appears that the fibrin becomes ex-circulatory under various circumstances, but whether as Mr. Paxton supposes the causes be originally in the fluids and not in the solids is another question. But in elephantiasis other structural changes ultimately take place, and the changes constantly found in one system of parts only, so that both in those who fall victims to the disease in the acute as well as in the chronic stage, the same vessels are found implicated; it is a mistake therefore to suppose "fibrinous exudation" to be the sole ultimate effect of angeioleucitis, for abundant evidence exists to show that both the superficial and deeper seated lymphatics are seriously involved, and that the skin ultimately becomes extensively implicated, thus even chronic cases furnishing diagnostic differences between elephantiasis and other enlargements as phlegmasia dolens, &c., &c.

The case adduced by Professor Graves in support of his views is that of a young man who was twenty-five years old, when admitted into Meath Hospital. "The swelling had commenced many years before his admission, and had attained its enormous size *gradually and without the least pain or inflammation of the skin, the subjacent adipose tissue or inguinal glands*. I appeal to those who have been in the habit of watching the progress of Barbados-leg, to say whether I am not correct in stating that, in no case does the limb *gradually* and silently enlarge itself, but that on the contrary its enlargement is contingent on the repeated recurrence of symptoms attended by well-marked characteristic local changes, and that either from the station of life in which the patient may happen to be placed in rendering repose attainable or not, or from predisposing constitutional causes, depends the permanency of those changes which render the limb so unsightly; and in the horse