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ART. XXXIV.—*Cases of Angioloecitis or Barbados Leg, with remarks on the probable Pathology of that Disease.* By JAMES BOVELL, M.D.—Continued from No. 6, page 239.

THAT Dr. Graves should have adverted to the passage in Dr. Hillary's work above alluded to by Mr. J. Cooper, affords strong illustrative proof that both himself and Mr. Cooper have drawn their conclusions from erroneous data, namely from a consideration of the morbid anatomy of chronic cases only, and are in perfect ignorance of the nature of those phenomena which are antecedent to that last stage which gives to the disease its fixedness. Instead of that passage in Hillary's work being adduced as an argument against himself, it strongly corroborates the correctness of his opinions and the soundness of his practical observations.

It is quite true that inflammation of other parts than the lymphatics may cause a permanent enlargement by the separation and deposit of the fibrous element of the blood; but if, as a general rule, we find the lymphatics in elephantiasis to be the structures ordinarily affected, we have strong grounds for believing the disease to be essentially seated in that system. Mr. Paxton, of Rugby observes:—“That a fourth series of disintegrations of the blood is apparent in the separation and deposit of its fibrin.—There is a frightful epidemic, (endemic?) well known in the West India Islands, in which the fibrin becomes excirculatory and eventually undergoes a slow condensation, and as in all fibrinous deposits it is then rendered insoluble. Such is elephantiasis: th-