

of green, yellow, and purple. After disappearing the epidermis desquamates. In the course of a week a new eruption appears, and this continued for upwards of six weeks in spite of every remedy prescribed—the patient being greatly exhausted by loss of sleep, pain, &c.

The patches were of an oblong shape and of a reddish colour, their margins being well defined; the disease was most rebellious to treatment, such remedies as chlorate of potash, quinine, &c., being of no avail. Considering that the disease was probably due to a blood origin, it was deemed expedient to try the peroxide of hydrogen in drachm doses three times a-day, which remedy at the end of one month produced a permanent cure, nor has there been any return of the complaint up till this date, August 3d. The peroxide of hydrogen was first introduced by Dr. B. W. Richardson about four years since, the medicinal properties and action of which appears to be a stimulant, probably acting by oxidising the blood, and is a very valuable remedy in diseases depending on a blood origin as diphtheria, rheumatism, &c.

Erythema nodosum is easily distinguished from all other cutaneous diseases by the appearance of the patches and depth of the inflammation, which, according to Mr. E. Wilson, is due to congestion of the vascular rete of the derma. Now the exudation, when there is any in erythema, is purely serous and not plastic or purulent, nor does any chronic thickening of the corium due to epidermic infiltration remain.

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A COMMUNICATION UPON THE COCCYGEAL BODY. *From* PROF. WILLIAM MACDONALD, *United College, St. Andrews.*

(*To the Editor of the "Glasgow Medical Journal"*).

SIR,—In a communication which appeared in the 13th No. from Dr. W. Mitchell Banks there was a very clear *exposé* of the views of the various eminent anatomists and physiologists as to the nature and constitution of this curious body situated near the tip of the coccyx, which Luschka, of Tübingen, named "the Coccygeal Gland," of the nature of the pituitary body at the upper extremity of the vertebral column—describing it of an oval form as a single corpuscle connected with the coccyx by a pedicle—consisting of the minute branches of the mid-sacral artery, with small twigs from the ganglion impar of the sympathetic. From its cellular and nervous elements he

considered it as ganglionic, analogous to the pituitary body or the supra-renal capsules. Arnold advanced a very different view; from finding that when the mid-sacral artery was injected it passed freely into the sacs and tubes of this so-called gland, which could only be considered as a vascular body dividing into numerous small tubes, ending in grape-like dilatations of the arterial twigs, enclosed in an epithelial capsule. Small capillaries emerge and are lost in the tissue of this curious body, which he describes as an agglomeration intertwining the vascular twigs and dilatations, which Luschka mistook for glandular sacs.—He gave it the name of "*Glomeruli arteriosi coccygei*."

Dr. Banks, after a very minute examination, seems rather to coincide with the vascular theory of Arnold, who pointed out that the mid-sacral artery gave out several corpuscular appendages before it reached the tip of the coccyx, from four to six in number, all receiving the injection from the artery into the small sacs, terminating in capillaries. Sometimes these appear in a more complex form; the small saccule again giving off another vessel, and these mingling with one another produce a complex corpuscle.

As to the import of this body he proposes the following queries:—

I. Has it any distinct physiological use? This he somewhat hastily "dismisses at once."

II. If not, is it the remains of some body having had a foetal function?

This is a most important consideration, and, if fully examined, will explain much of the nature of the body. It is evidently the remains of the important organ from which the allantois was developed, and may, perhaps, be considered as a remnant of the Wolffian bodies, which play so important a function in the embryonic condition: the early curving in of the termination of the centre chord or spinal axis towards the umbilicus, while the rectum is still closed, and the emergence of the allantois from that point, with its vascular nature, evidently indicate it as the origin of that important foetal organ which has rather hastily been viewed as connected with the respiratory function, and also with the urinary from its mere passing behind the bladder in its shrivelled form, as the urachus. From a prolonged examination of the early development of the foetus, I am convinced that very erroneous views of the allantois have long been promulgated. The very vascular condition of this coccygeal body, with its numerous twigs, saccule, and capillaries, indicate probably a more extensive vascular distribution in connection with the arterial circulation,

distributing the pure blood either from the iliacs, or more likely from the lower mesenteric, the first given off from the ascending aorta. The allantois, after it emerges from the pelvis, becomes greatly expanded in the tunica media, or fluid contained between the chorion and amnion. Though its special membrane, like the vitelline, is thin, transparent, structureless, and non-vascular, yet it is covered with an ample supply of both arteries and veins—thus acting as *diverticulum sanguinis*, extending the circulation of the *liquor sanguinis* among the blood discs, in preparation for the great change in the constitution of the blood in the capillary arc, through which not many (if any) blood discs are either oxidised or reduced, in passing either from veins to arteries or the reverse.

This function of the allantois is more necessary prior to the development of the intestines and their extended meso-colon and mesentery, and consequently becomes shrivelled up towards the end of pregnancy. I prefer the analogy of the coccygeal body with the Wolffian bodies, and the allantois, instead of either the pituitary body, a ganglion, or a gland. I am, &c.,

WM. MACDONALD.

ST. ANDREWS, August, 1867.

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CORRESPONDENCE BETWEEN THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW AND THE ROYAL COLLEGE OF SURGEONS OF ENGLAND, REGARDING REJECTED CANDIDATES.

LETTER FROM MR. ALEXANDER DUNCAN.

(To the Editor of the *Medical Times and Gazette*.)

Sir,—The Council of this Faculty will feel much obliged by your publishing the accompanying correspondence in your next number.—I am, &c.,

ALEXANDER DUNCAN, Secretary.

Faculty of Physicians and Surgeons, Glasgow,  
July 19.

No. 1.

“Faculty of Physicians and Surgeons, Glasgow,  
“June 27, 1867.

“Sir,—The attention of the Council of this Faculty has been directed to an editorial paragraph in the *British Medical Journal* for May 25, page 612, in which it is stated that ‘candidates who have been rejected four, five, or even six