

(cholochrome.) From the experiments quoted above, the reverse of this unproved hypothesis will probably be found to be true—namely, that the green calomel stools contain a smaller amount of biliary colouring matter than an equal amount of solid matter from healthy fæces.

Note.—When the fæces passed after a dose of calomel or blue pill become green, they also begin to scald the anus. This sensation has been ascribed to the bile, which was then believed to be passing. It is only reasonable to ascribe this scalding, not to bile, which is not present, but to the sub-sulphide of mercury, which has been proved to be present.

6th. Dr. Inman adopts the estimate of the quantity of bile discharged by a man of 160 lbs. weight, in twenty-four hours, as sixty-six ounces. The most accurate calculations from experiments upon animals permit me to assume that an adult person secretes between 195 and 675 grains of solid matter through the biliary channels. The amount of solid matter contained in human bile varies between eight and sixteen per cent. It therefore follows that the amount of average bile secreted by an adult in twenty-four hours fluctuates between 1200 and 9000 grains; or 2 oz. 240 grs., and 18 oz. 360 grs.—a vast difference from 66 oz. But substituting these figures for those given by Dr. Inman, and assuming the fæces to weigh half a pound instead of a pound, (the dry residue of a healthy man's fæces does not usually exceed two ounces,) Dr. Inman's subsequent conclusions become still more correct.

7th. Dr. Inman assumes that the clayey, white stools of persons suffering from jaundice, might contain the ingredients of bile minus only the colouring matter. This has not been proved to obtain. As, on the other hand, it has been proved that the healthy fæces contain no biliary matter except a derivate of cholochrome, Dr. Inman's assumption becomes very improbable, and the reverse opinion gains ground, that the clayey, white stools of the jaundiced contain neither bile, acids, nor cholochrome. I am far from admitting, as a reliable fact, that the liver may secrete colourless bile. I also cannot admit that in jaundice the colourless part of the bile could go into the intestines, while the coloured part passes into the blood. With regard to these points, I differ entirely from Dr. Inman, not because I think that such might not occur, but simply because no such occurrence has been proved.

8th. I take this opportunity to point out that the question of the discharge of any modified biliary matter besides cholochrome in the fæces requires further study. The ordinary biliary salts are certainly not present; the fæces contain little soda. But some modified cholic acid might still be contained, and escape observation, as it had hitherto done in gall-stones. According to Berzelius, five ounces of fresh excrements contained twenty-one grains of a matter similar to bile. Considering that 675 grains is the maximum, and 195 grains the minimum of solid bile, any modified cholic acid in the fæces could not be less than three, nor more than ten per cent. of the bile secreted in twenty-four hours.

Mr. BRYANT exhibited a

PEDUNCULATED TUMOUR,

which he had removed by simply twisting it upon its axis, and fixing it in that position by strapping. At the end of seven days the tumour sloughed away, and the cure was complete. In this case, the tumour was larger than any of the seven or eight he had previously removed by this proceeding, being six or seven inches in circumference. It was of a fibro-cellular structure.

Mr. MARSHALL related a case in which Mr. Liston removed a pedunculated tumour of the foot by the same plan.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, OCT. 16TH, 1860.

MR. FERGUSSON, PRESIDENT.

THE business of the evening was opened by Mr. FERGUSSON, by some introductory remarks. He alluded to the progress of the Society during the past year; to the excellent volume of Transactions which appeared for the first time to-day; and to the subject of the proposed amalgamation of the principal medical societies of London.

The minutes of the last meeting were read and confirmed.

LUNG FROM A MILLSTONE-MAKER.

Dr. PEACOCK exhibited the lung, and some very fine microscopical preparations and drawings illustrating the morbid con-

dition resulting to the lung from the occupation in question. A large quantity of silicious material was found in the substance of the lung itself. The fact had been denied that such matter could reach the lung; but here was a positive illustration of its occurrence.

Dr. PEACOCK also exhibited a

DISEASED HEART.

The symptoms of the case were detailed at some length, and compared with the morbid specimen. This, as well as the previous subject, was illustrated by some very beautiful drawings by Mr. Tuffen West.

An interesting conversation took place, in which Dr. Williams, the President, Dr. Leared, and Dr. R. Bennett took part, in reference to the specimen of the millstone-maker's lung.

Dr. MURCHISON presented a specimen of

PRIMARY CANCER OF THE PERITONEUM.

No other organ was similarly diseased. This specimen was interesting in relation to the subject of gastro-colic fistula and to Dr. Murchison's previous researches thereon. There was a cancerous tumour in the omentum, connecting the stomach to the transverse colon.

KIDNEY, WITH LARGE CYST ATTACHED.

Dr. MURCHISON exhibited a remarkable specimen of this disease—a cyst attached to the outside of the kidney by a very narrow pedicle. The cyst was as large as the kidney itself. The contents of the cyst were not of a urinary nature.

Mr. SEDGWICK exhibited a coloured drawing of

A CASE OF TRUE KELOID.

The patient was a girl, aged four years and a half, of a strumous diathesis; and the first patch of the disease had appeared on the back about two years ago. Since then thirteen other patches had been developed at short intervals, of which the first seven were limited to the back; one occurred on the right lower eyelid; one on the skin of the right ear, near the external meatus; one occupied nearly the whole of the right margin of the tongue; and the others were on the front of the body and the neck. The patient had had the tendons of the left foot divided in six places for talipes equinus, but the cicatrices were quite free from any appearance of the keloid, nor was it associated with burns, scalds, or local injury. A treatment by cod-liver oil, quinine, and liberal diet, had for the present apparently checked the progress of the disease.

Mr. SEDGWICK also exhibited a coloured drawing of

A CASE OF ICHTHYOSIS,

in a boy aged fourteen years. The disease had been hereditary in the family for three generations, and was limited to the males by transmission through the females, who themselves remained free from it. It had first shown itself in the grandfather, and after skipping the second generation, consisting of three sons and three daughters, had reappeared in four of the grandsons by the female line of descent.

Mr. T. HOLMES showed a specimen of

FRACTURE OF THE LOWER JAW,

in which the injury was associated with sero-sanguineous discharge from the ear of the same side.

Mr. Wells, Mr. Toynbee, and others took part in a discussion on these sero-sanguineous discharges.

Mr. TOYNBEE exhibited a specimen of

MOLLUSCOUS TUMOUR OF THE EAR,

which was interesting on account of its connexion with disease of the brain—an abscess in the cerebellum.

Mr. ADAMS showed a specimen of

TUMOUR OF THE LOWER JAW,

which he had removed from a middle-aged man. A report will be furnished on this specimen.

Mr. DURHAM exhibited a specimen of

HORNS FROM THE HUMAN SUBJECT.

One of them was removed last week by Mr. Cock, and was the product of twenty-five years' growth. Mr. Durham also produced several interesting specimens of similar growths from the museum of Guy's Hospital, and illustrated the subject at some length.

Mr. S. WELLS showed a specimen of
OVARIAN CYST,

which he had removed that morning from a lady, aged fifty-three. It was multilocular, consisting of one very large cyst (which had contained between forty and fifty pints of fluid), and of a number of groups of smaller cysts, growing in and from the walls of the principal cyst, and weighing about eight pounds. The existence of these smaller cysts had led him not to inject iodine when he tapped the patient the first time, six months ago. They had grown rapidly since the tapping, although the large cyst had filled slowly. The parietal adhesions were very firm; but the whole of the tumour had been withdrawn through an incision hardly four inches long. The patient was going on well. In reply to a question from the President, Mr. Wells stated that the peduncle was long, and easily fixed outside the wound in the abdominal parietes. The clamp was used to secure the peduncle until the cyst was removed and the wound closed; but it was taken away as soon as a ligature had been applied. The clamp was only of temporary utility. If left on it was uncomfortable to the patient, and caused unnecessary dragging upon the peduncle and uterus.

Reviews and Notices of Books.

The Pathology and Treatment of Pulmonary Consumption, and the Local Medication of Pharyngeal, Bronchial, and Nasal Diseases mistaken for, and associated with, Phthisis. By JOHN HUGHES BENNETT, M.D., Professor of the Institutes of Medicine in the University of Edinburgh. Second Edition, 8vo, pp. 221. Edinburgh: A. and C. Black. London: Longman and Co.

WE are glad to have to welcome a second edition of this valuable contribution to pathology and therapeutics, the first edition of which was published in 1853. No man living has contributed more than, or indeed so much as, Professor Bennett to establish the treatment of pulmonary phthisis on a sound and rational basis. Ever since the year 1841, when in a special treatise he introduced cod-liver oil to the profession in this country as a remedial agent of very great value in the treatment of this fearful malady, his efforts to show that phthisis should be treated as a constitutional and not as a local disease have been unceasing. It is, indeed, in a great measure to these efforts, constantly persevered in during nearly twenty years, in the lecture-room, in the hospital, in the medical journals, and in special works, that the great change which is rapidly taking place in the medical mind on this subject is to be attributed.

The present work is principally devoted to the consideration of phthisis under two aspects: first, its curability; and, secondly, the means by which the arrest or cure of the disease is really to be obtained. Other features of the disorder are treated of, but in a more cursory manner, such as the histology and nature of tubercle; the progress of tubercular exudation; the causes of consumption; the diagnosis of the disease; the indications for the treatment when accompanied by complications; and the local treatment of pharyngeal, laryngeal, bronchial, and nasal diseases connected with phthisis.

The arrest and actual curability of phthisis, not as an exceptional, but as an ordinary result of judicious treatment, or even of the unassisted efforts of nature, Professor Bennett satisfactorily establishes from his own researches in the dead-room and in hospital and private practice. This most desirable result he points out is to be obtained: firstly, by improving the faulty nutrition, the cause of the exudation assuming the tubercular character; secondly, by favouring absorption of the exudations already poured out, and subduing symptomatic fever; thirdly, by preventing the recurrence of fresh exudations by careful attention to hygienic regulations.

The first indication is fulfilled by adding to as generous a diet as the patient's digestive organs will bear an additional amount of fatty substances. The physiological rationale of

such an addition Professor Bennett fully explains, pointing out that his subsequent experience and that of the entire profession, at home and abroad, confirms the facts announced in his treatise on Cod-liver Oil, published as long ago as 1841—viz., that that substance offers fatty matter in the form in which it appears to be the most generally assimilable, and to be the most efficacious in the treatment of the disease in question.

The second indication is not fulfilled, as formerly supposed, by local bloodletting and blistering, tartar emetic and other antimonials, opiate cough mixtures, by confinement in a warm atmosphere, and by a general lowering system, but by a totally opposite kind of treatment. The best means to arrest tubercular exudation, and to effect its rapid disappearance, is to secure improved nutrition; and this is to be done by discarding antimonials, mercurials, and bloodletting, which lower the system, and the opiates, which, while they lull pain, destroy the appetite, and by trusting principally to a good diet, with cod-liver oil, to frequently renewed cool air, to cold sponging, to gentle exercise, and to general hygienic treatment.

The third indication is met by carrying out with a consumptive patient all the rules which hygiene points out as valuable to those who are delicate but free from disease. The absence of anxiety, early hours, a temperate climate, exercise out of doors, plenty of fresh air (to secure which, windows should be open during the night, with care and proper management), cold sponging, &c. &c.

We have said enough to show the value of Prof. Bennett's work as a practical guide to the profession in the treatment of this disease, which, as he says, need no longer be called the "opprobrium medicinæ." Thousands who perished miserably under the lowering (with closed room and teakettle) system of former days, would have lived and got well had they been treated on the rational plan above described. In no respect, indeed, does the medical profession deserve more at present the gratitude of the public than in regard to the improved treatment of phthisis. We would also draw special attention to the last chapter of the Professor's work, on the Local Treatment of Laryngeal, Pharyngeal, and Nasal Complications of Phthisis. It contains new and valuable information on this subject, with regard both to pathology and treatment.

In conclusion, we can conscientiously recommend Professor Bennett's work as a sound, scientific, and practical exposition of the present state of science with reference to the pathology and treatment of pulmonary phthisis, worthy of the high position he occupies as a pathologist and a physician. It is, moreover, written by one who has for many years led the progress of science in this direction.

On the Application of Vulcanized India-rubber for Making Artificial Palates, and for Supplying the Deficiencies in Jaws caused by Surgical Operations for the Removal of Disease. By GEORGE PARKINSON, M.R.C.S., Member of the Odontological Society, formerly House-Surgeon to King's College Hospital, &c. London: Churchill.

THE author of the above pamphlet, having devoted his energies to the dental branch of the profession, has specially directed his attention to the application of "Vulcanite" to cases of absence of the palate, either from congenital defect or surgical interference. The results as detailed in the appended cases are most satisfactory, the material used being more readily adapted and worn than the gold or ivory obturators hitherto invented for the purpose. We recommend a perusal of this treatise by those surgeons who are in the habit of performing operations upon the jaws.

GRATUITOUS SERVICES TO HOSPITALS.—The Medical Literary Society have recently discussed the question of gratuitous services to hospitals, and have passed a resolution approving the principle of payment to medical officers in public institutions.