"syphilitic gummatous tumour" found in the right optic thalamus, in a patient who suffered from hemiplegia of the left side.

Dr. Colles, referring to the case of thoracic aneurism, doubted that the iodide of potassium had any effect in promoting the fatty degeneration of the clot, which, he thought, ‘had occurred, in any case, in the central portions of so large a mass. Recent researches had raised considerable doubts as to whether the fibrin deposited from the blood, in these or any other cases, became organised, and rather led as to believe that the fibrin so deposited was degenerated and removed, before new tissue was formed. Dr. Colles also doubted that the clot in the external sac was of post-mortem formation, though evidently of recent origin.

The President here regretted that, as Dr. Ewart had just been obliged to leave, the meeting could not have the benefit of any further remarks from him, on this particular case.

Dr. Charles considered the softening of the central part of so large a clot to be a perfectly natural process, quite independent of the influence of any drugs.

With regard to the complete absorption of hepatic abscess, Dr. Charles was rather sceptical. Several years ago he had opportunities of examining the bodies of many soldiers who had suffered from hepatic abscess, and in some of them he had found an abscess due to spontaneous absorption. In many cases the abscesses appeared to be in a dormant state, and Nature had taken steps towards effecting a cure, a thickened caseous condition of the pus, and some puckering of the sac of the abscess, being observable; but in no case that he had examined was more than the attempt at recovery in this way evident, the patient dying before Nature had completed the work. The fact was the more striking when viewed in relation to the frequent recurrence of abscesses, which were often very perfect, Nature succeeding in completely closing the cavities.

As regards the star-shaped cicatrices found on the surface of the liver, it was not easy to decide, in all cases, whether they depended on syphilitic deposits or on abscesses. Syphilitic deposits are usually confined to the surface of the gland, whereas abscesses were not so. Hence when cicatrices were found in the substance, as well as on the surface, of the liver, we might safely attribute them to abscesses, which Dr. Charles had seen three in a case in which hepatic abscess had certainly existed, and in which it was supposed that it had been absorbed; but in such cases the abscesses may have been small, and have burst into the intestines very high up, that the pus, before being evacuated externally, had become so much altered as to prevent its recognition. In cases like that brought forward to-night by Dr. Ewart, and another laid before the Association three or four years ago, in which there were seven abscesses, the abscess was never found completely healed. If in these cases Nature attempted a cure in this way, she seemed unable to carry it out effectually.

Dr. Chuckerbutty, in reference to Dr. Ewart’s case of aortic aneurism, said that it proved nothing against the use of iodide of potassium, but that the subject of the action of that salt in promoting or retarding the multiplication of the blood was still sub judice. Nalton, Chomed, and other authorities had, at the same time with himself, found it do good in cases of aneurism. He thought it probable that, in Dr. Ewart’s case, softening of the clot had begun, before admission. Dr. Chuckerbutty doubted the frequency of absorption in cases of hepatic abscesses; he had never met with such cases, though he had found abscesses with thick walls and creamy pus in the substance of the liver, as well as masses of acellular tissue, which perhaps marked the site of absorbed abscesses.

Dr. Chuckerbutty then showed a specimen of numerous minute deposits, apparently tuberulous, in the liver and kidney; the lungs in this case were infiltrated with grey tubercle. The patient adjourned at 10 o’clock, with a vote of thanks to the Chair.

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Nature, Treatment, and Prevention of Cholera. By Edward Ambrrose Fitzgerald, M.R.C.S.; Eng., Assistant Surgeon, 2nd Sikh Infantry.

Mr. Fitzgerald, in this pamphlet, gives an account of his experience in the treatment of cholera at Dera Ghazi Khan, in June last. The total number of cases treated by him was only twelve, of which three, who were almost moribund when admitted, died. Of the remainder, all of whom recovered, five were “much or less improved,” and only five ascribed cases of cholera. Mr. Fitzgerald’s statistics, therefore, are on too small a scale to be of any great value, though encouraging so far as they go. He is an advocate of Dr. George Johnson’s theories, but not of his practice, considering that Nature herself “eliminates” the poison indicated; and that the nurse should be to check its multiplication in the system, which he proposes to do with quinine, giving the latter every hour or half hour in five-grain doses in effervescing draughts. He also gives acids (especially lime-juice), on the principle that they “possibly cause the generation of electricity in the animal system, inasmuch as an acid would in the cell of a galvanic battery,” and thus remedy the “loss of that electrical balance which appertains to all healthy individuals.” When there is rapid breathing, a sense of suffocation, and cessation of the discharges, he recommends respiration.

The results which have followed this mode of treatment are encouraging so far as they go; but we think that the author would have done well to give his plan a more extended trial before “pushing it in print,” the more so as we cannot see much originality in his mode of dealing with cholera. Quinine, acids, and the lancet have all been tried and are, though not possibly in exactly the way in which Mr. FitzGerald recommends, the close similarity between cholera and the cold stage of intermittent fever is so familiar to all Medical Officers on the frontier, that we are rather surprised at the author, writing from Derajat, going as far as Hindustan for instances of it. A treatment which, worked in four cases of genuine cholera (for we leave out the three fatal cases as having been moribund when admitted), is successful in all, is certainly worthy of further trial; but it must be remembered that great success in the first instance has attended other systems of treatment, which, on further trial, have proved of almost no value. The “suspect cases” should not be counted. “Choleraic diarrhoea,” if only carefully watched, is not, as a rule, a difficult disease to manage. Mr. FitzGerald deserves credit for so honestly reporting that more than half his cases were only “suspect” cases; too many advocates of new modes of treatment, either carried away by enthusiasm, or from more dishonest motives, call every case of severe diarrhoea successfully treated by their plan, “incident,” or even “genuine,” cholera. We hope that Mr. FitzGerald will give us the benefit of his experience in the treatment of cholera hereafter, when he has further tested the plan which he now advocates.

On the Laws of Health, considered with reference to the habits and peculiarities of the Natives of India. By Baboo Kanhay Lall Dey. Read before the Bengal Social Science Association on the 26th July, 1867.

Like the former pamphlet by the same author, (Hindoo Social Laws and Habits viewed in relation to Health, reviewed at page 349 of our first volume) this is mainly a protest, by an educated and enlightened Hindoo, against the habitual indifference to the laws of Hygiene shown by the better classes of his countrymen. In every country such laws are more or less ignored, but it is almost necessarily, by the lower orders; and while in Europe the upper classes have long been aware of the importance of cleanliness and ventilation, the conservative tendencies of even highly educated Asiatics have hitherto almost entirely been at all affected on these points. The wealthy zemindar, while from his position free from the necessity of taking exercise in order to earn his bread, has not yet learnt to take ito assure his health; and he still sleeps, from choice, in an ill-ventilated closet, which would not be considered good enough for a “condemned cell” in any modern jail. Against such time-honoured abuses Baboo Kanhay Lall Dey seems determined to carry on a crusade; and he deserves the more credit for doing so from his not being a slavish imitator of European fashions. In his former pamphlet he deprecated the substitution of our ungraceful and inconvenient dress for the modification (partly Muhammadan and partly Hindoo) of Indian costume now worn by Bengalee gentlemen; and in the present he maintains opinions that our chief advantage is, that it is a subject of food to which we should find small favour with the European soldier, such as that a diet composed exclusively of rice and dhal will enable an able-bodied person to undergo any amount of labour without injury to health. Having been designed for a non-professional audience, the present pamphlet does not go as deeply into the subject as did the former one, which was read before the Bengal Medical Association, but it is not the less valuable on that account. We only hope that those to whom it is addressed may practice the excellent lesson which it is intended to convey to them.