portions, complete in itself, was distinctly fibrous in character, both
when viewed by the naked eye and when examined by the micro-
scope. The special features of interest in this case are—
1st. The triple character of the tumour, and its development from
independent periosteal surfaces of the same bone; being at the same
time confined to that bone alone.
2d. The purely fibrous character of these growths.
The further progress of this case will, of course, prove of very
great interest, as enabling us to decide whether the history of the
development of such a tumour or its physical characters are the
surer guides to be depended upon in arriving at a prognosis in similar
cases.

Part Second.

REVIEWS, ETC.

On Malformations of the Human Heart; with Original Cases. By
Thomas B. Peacock, M.D. London, 1858. Pp. 143. Plates
viii.

We have had great pleasure in the perusal of this work. It is not,
like too many of the books published in the present day, intended
merely as an advertisement of the author; it is a careful and com-
plete production, evincing great research, and containing at the
same time valuable original matter. Dr. Peacock, amidst his labours
in various departments, has been particularly distinguished for his
contributions to cardiac pathology; and we are glad to find that in
the volume before us, he has brought together in a complete form,
his observations and inquiries on an important branch of this sub-
ject. The origin of the present work, it is stated in the preface, is
chiefly to be referred to a series of lectures delivered at St Thomas' 
Hospital in 1854; these lectures, along with various cases, some
already published in the Medical Journals, have been extended into
a complete treatise on the malformations of the heart.
The first and larger part of the work contains an anatomical de-
scription of the various abnormalities. It commences with two
short chapters—one on congenital misplacements of the heart,
the second on deficiency of the pericardium. Then follows a full
account of the malformations of the heart itself. The first group
embraces those abnormalities which depend on an arrest of develop-
ment of the organ, at an early period of foetal life. Dr. Peacock
first describes those very imperfect organs in which only two or
three cavities are present. Either of these forms of malformations,
but particularly the former, is very rare, and is, generally speaking,
incompatible with any considerable duration of life. We have next a description of those far more frequent cases, where four cavities are present, but where the ventricular or auricular septum is imperfect. Various cases are given, which show that the imperfection is generally dependent on some other abnormal condition; the most frequent being a contraction of some orifice, especially of that of the pulmonary artery. In this first group are also included those cases where the orifice of the pulmonary artery is obliterated or obstructed, and those in which a supernumerary septum exists in the right ventricle.

The second division embraces malformations, which prevent the heart from undergoing the changes which should ensue after birth. Of these, the most frequent is a permanent patency of the foramen ovale. The most usual cause of this condition is some source of obstruction to the passage of the blood from the right auricle or ventricle, as this necessarily determines a continuance of the flow of blood through the foramen, even after the establishment of the respiration. In some exceptional cases, however, the foramen is found widely open, without any other abnormal condition of the heart.

The third and last division comprehends those malformations which do not interfere with the functions of the heart, but which may predispose to disease in after life. The most important of these are irregularities in the number of the segments of the semilunar valves. It is worthy of remark, that, while excessive number (four or even five segments) is far more frequent at the pulmonary orifice, diminished number is more often met with at the aortic. The usual form of deficiency in the number of the valves is when only two segments exist; and, in the great proportion of cases, we quite agree with Dr Peacock, that "the deficiency is apparently due to the adhesion of the contiguous sides of two of the original three valves, and the atrophy of the corresponding angle of attachment. The former separation of the fused valves is generally indicated by the disproportionate size of the united segment, by the existence of a frenum or band dividing it more or less completely on the upper or aortic side, and usually, also, by a slight sulcus running across its ventricular surface from the attached to the free edge, and often terminating in a small notch." We do not, however, agree with Dr Peacock in attributing this condition, in the majority of cases, to disease previous to birth. That it may be occasioned at this period, we at once allow; but when it is met with at the aortic orifice in the adult, we believe that in most cases it is to be referred to endocarditis which has occurred after birth. We are led to this belief from having met with examples of the abnormality at all stages, and by the circumstance that it is not generally associated with any abnormal condition of the right side of the heart, as might have been expected (endocarditis being more frequent on the right than on the left side of the heart in the foetus) had the condition been congenital.
In some few cases, the absence of one segment appears rather to be the result of deficiency of development than the result of disease; at all events, we have seen instances where the two valves have been of equal size, where the coronary arteries have arisen from corresponding points above them, and where there has been no trace of an intermediate valve. If in these cases the condition has been the result of disease, it must have occurred at a very early period of foetal life. These deficient valves, though not necessarily imperfect in their functions, seem peculiarly liable to disease; and when two have been fused into one at an early period, regurgitation of blood into the ventricle appears frequently to follow, in consequence, no doubt, of the double valve not growing equally, and so becoming unfit to perform its share in closing the arterial orifice. The rarer cases of malformation of the tricuspid and mitral valves are next briefly alluded to.

The last chapter of the first or descriptive portion treats of malformations which consist in the irregular development of the primary vessels. Before leaving this part of the work, we must express our regret that Dr Peacock still adheres to the system of expressing his measurements in French inches and lines. The measurements of Bizot and others were indeed made on this scale, but in France the inch has been long obsolete, the metrical system being now universally adopted; besides, French inches appear to be liable to a peculiar objection, as naturally suggesting the idea of English inches, from which, however, they differ materially. We would much prefer to see English inches and tenths made use of for expressing measurements in this country.

In the second part of his book, Dr Peacock treats of what we may call the physiological and practical relations of malformations of the heart. With regard to their origin, Dr Peacock ascribes most of the malformations to the occurrence of disease at various periods of foetal life. We have already alluded to the fact that disease is more common at this period on the right than on the left side. Why this should be, it is very difficult or impossible to say. On this point Dr Peacock suggests the following explanation:—"Perhaps, however, the more immediate connection of the right ventricle with the circulation in the descending aorta and umbilical arteries, may explain the greater liability to disease at the orifice of the pulmonary artery; for the circulation in the cord and placenta would appear to be more liable to temporary obstruction than that in the body of the foetus itself. We know that, in after life, the variable pressure of the blood in the arterial system is a fruitful cause of disease in the aortic valves." This explanation, though ingenious, we can scarcely regard as satisfactory.

Under the symptoms of malformations Dr Peacock treats particularly of cyanosis; and we quite agree with him in attributing the blueness of the skin, not to any admixture of venous with arterial blood, but to permanent congestion of the venous system. The
greater depth of colour in cases of congenital cyanosis, than in the lividity accompanying ordinary cardiac and pulmonary diseases, Dr Peacock ascribes, partly to the dilated condition of the capillary vessels, which is produced more readily and to a greater extent during intra-uterine life than afterwards, and partly to the thinness of the skin and to general emaciation, which are often met with along with the congenital condition.

The book concludes with some interesting observations on the duration of life in persons labouring under the various forms of malformation, on the causes of death, and on the diagnosis and medical treatment in particular cases.

In conclusion, we heartily recommend this book to our readers. It treats of a subject regarding which it is important that all members of the medical profession should possess some information; while to those specially interested in the subject it is (independent of its original merits) invaluable, for the full notices it gives of the labours of other writers, and for the references it contains to numerous scattered cases. We must not forget to add, that the text is illustrated by some very excellent plates of the malformations described.

Suggestions for the Amendment of the Laws relating to Private Lunatic Asylums. By Edward Tennyson Conolly, Barrister-at-law.

Recent events have caused a feeling of distrust in the public mind in regard to the management of Private Lunatic Asylums in England; and though there was very little either of reason or justice in the hue and cry raised by the newspaper press against the existing state of things, it is more than probable that the law, as affecting these institutions, will be modified during the present session of Parliament.

When we consider that the opinions expressed in the pamphlet before us are in all likelihood endorsed by the author's father—one of the most esteemed of modern philanthropists—we cannot but regard them with more than usual respect.

The defects of the existing law, or at least the most obvious defects, are, that there is not a sufficient guarantee that houses licensed as private asylums are suitable for that purpose; that their superintendents may be unfit persons; and that a sane man may be deprived of his liberty, and detained by interested individuals in these establishments. Several courses have been suggested to remedy one or all of these evils. Some propose altogether to abolish private lunatic asylums— institutions in which, apparently, the proprietor's interest and the welfare of his patients are in direct antagonism,—and to supplant them by well-regulated public esta-
blishments, the superintendents of which may be supposed to have only the comfort and recovery of the inmates at heart.

There can be no reasonable doubt that great benefit would accrue from the extension of public asylums for high class patients in England; at the same time, Mr Conolly is probably right when he says, that "even if so sweeping a measure were to be adopted as the abolition of all private asylums, the advocates of it would find themselves deceived in their expectation that all the lunatics in the kingdom would be sent to public institutions. Insanity in a family is always felt to be so great a calamity, not only to the person afflic ted, but to his relatives also, and so detrimental to their prospects, that there is no feeling more general among them than to hide it from the world. The higher the grade in society, the more intense will this feeling be found to be. Even the comparative publicity of a private asylum is often objected to; and if it were made compulsory to send all insane persons to institutions avowedly of a public character, the result would be, not an obedience to the law, but in many cases the hiding away of the patients in charge of servants, without any proper inspection or proper care."

The system of discharge by the verdict of a jury has the drawback of unnecessary publicity, and many others. "An objection, still more serious, is, that an inquiry of this nature would be likely to be prejudicial to many insane persons, especially in the early stage of the disorder." It might be added, that the verdicts of juries in such cases are more likely to be wrong than right. If insanity is really a disease, we are at a loss to comprehend why the opinion of a jury should be sought in its diagnosis, any more than in that of pneumonia or disease of the heart. Who can read the trials of Mr Ruck, Mr Leach, or Mrs Turner, without feeling that in such cases an acquittal is more cruel than a condemnation? Had the extraordinary conduct of these persons been accounted for by their insanity, their characters would have spared the reprobation of society; but what can the most charitable think of them if all their extravagances were results of immorality? Besides, "if the jury declared him fit to be at large, he would probably hear loud cheers from an unthinking crowd, and would leave the room in the belief that he was a deeply injured man, even by the suspicion of insanity having been cast on him."

Mr Conolly thinks that an extension of the power of the Commissioners in Lunacy would meet all the requirements of the case. It may be premised, that at present licenses for private asylums in England are granted by the justices of the counties in which the houses are situated, except in the metropolis and its immediate neighbourhood, where this power is vested in the Commissioners in Lunacy. Mr Conolly proposes, what in fact is the present law in Scotland, viz., that all licenses should be granted by the Commissioners in Lunacy when they have satisfied themselves, from plans, reports, or personal visits, of the fitness of the applicant, and the
premises he wishes licensed. He is also of opinion that "every person sent to an asylum should be visited by some official persons within a short time after notice of admission has been received by them." At present, "there is, however, no provision made for any visits of the Commissioners, or of any other official persons, upon the receipt of such notice of admission. It would be a manifest improvement,—and, in fact, one of the greatest in importance, as almost doing away with the possibility of illegal detention of any person,—if they were directed, within seven days of the receipt of such a notice, to visit the person to whom it referred."

It is admitted that the present staff of Commissioners is quite unequal to the proposed additional work assigned to them; but it might be increased; and Mr Conolly thinks, "if a small per-centage upon the income of every private asylum were made payable by the proprietor, and by him charged to the relatives of each patient in proportion, and in addition to the sum which they pay him for their maintenance, it would meet any additional expense." . . . "If it is assumed that the number of private patients in licensed houses remains the same as at present—2800, and that each of them pays on an average L.150 annually to the proprietors, this would amount to L.420,000 per annum. A tax of two and a half per cent. upon this sum would produce L.10,500 annually; and as the additional expense is here taken at the highest probable amount, and the number of patients at the lowest, it is possible that a charge of two per cent. only would very nearly cover the additional expense." We fear that the average rate of board here assumed is far too high; L.75 is perhaps nearer the truth than L.150. Lunacy is always a very heavy tax on the family income; and an addition of five per cent., or even two and a half, for supervision, would cause many recent cases to be detained at home to their detriment, which might otherwise have been placed at once under treatment.

After all, there is, we conceive, no greater likelihood of a sane man being detained in a private than in a public asylum; for if the proprietor of the former is subject to stronger temptations than the superintendent of the latter, he has also more to lose by such a breach of professional faith; and the conspiracy requires the combination of the relatives and two medical men ere the project can be carried out. Perhaps the greatest safeguard the public could have, would be a more extensive knowledge of insanity by members of the medical profession. Mr Conolly says—"It would be, however, a decided improvement, if it were required that the medical man associated with an asylum should have some previous knowledge of the nature and treatment of insanity." It would, also, surely be "a decided improvement" if medical men signing certificates knew something of insanity. "A great many medical men, especially in the country, know nothing of insanity: they go to see a man who they have previously been told is insane, and are ready to discover madness in everything which he says to them, or in his
refusing to answer any question they may put to him. They hear everything which can be said to his disadvantage by those who desire to place him in confinement."

Sooner or later a knowledge of insanity will be imperative on all medical students; and it were well that licensing bodies should make it so without delay, for every practitioner must have to deal with insane persons in the course of his practice; and while he incurs a heavy penalty, as well as inflicts a great wrong, by depriving any one unjustly of his liberty, he inflicts irreparable injury on the afflicted by mismanagement and neglect.

On Æther and Chloroform as Anaesthetics, being the Result of about 11,000 Administrations of these Agents, personally studied in the Hospitals of London, Paris, etc., during the last Ten Years. By Charles Kidd, M.D., M.R.C.S.E., Fellow of the Surgical Society of Ireland, and other Societies, etc. Second Edition. London, 1858.

Samuel Rogers used to say that even the best authors might be improved by condensation: he ought to have added, that only such authors could stand the process; the works of the remainder, under proper condensation, would altogether disappear. The book before us is one which, from the nature of its title, led us to expect some considerable amount of information in its pages. In this hope, however, we have been disappointed. There is nothing either original or new in the ten chapters comprised in the work; while there are far too many inverted commas, far too many marks of exclamation, and far too many popular sayings introduced for the nature of a scientific manual. We find a promiscuous collection of odds and ends: the author now inculcating the importance of avoiding all the ordinary and familiar sources of danger in anaesthesia; now enlivening the reader by an unexpected anecdote,—sometimes, however, marred by inattention to little matters of composition, etc.; and now, again, like Juliet in the Capulet's tomb, madly playing with his forefathers' bones in the attempt to foist upon them an acquaintance with the subject of anaesthetics, if not of chloroform itself, from the evidence afforded by the half-forgotten couplets of long defunct poets, the prosy jargon of obsolete Pagans, or the hazy conceptions of an antiquated school of philosophy; such illustrations being so gratuitously introduced, that even the author himself has to apologise for their appearance.

To render a work on such a subject as that of anaesthesia practically interesting, however, the author must belong to the original rather than the selective or critical order of minds. In the book under notice, a sensible remark, an apt illustration, or a happy
A Manual of Photographic Manipulation. By Lake Price. Pp. 256. London: John Churchill. 1858.

There are few professional men who, at some time or other in their career, have not experienced the want of some means by which disease, or nature, in the various aspects in which they see it, might be faithfully represented, so that they could at all times recall the case or scene to their remembrance. All are not endowed with the power of representing with the pencil that which they see; and to many the gift of words is denied. To these we would recommend the study of photography: it is an enchanting art, and one not difficult of acquiring such a knowledge of as will enable any one with fingers, and a moderate acquaintance with chemistry, to obtain a correct representation of that which he wishes to preserve. "The nature of the medical student's education eminently fits him skilfully to utilise its powers in various directions connected with his study; and the few applications that have been seen by the public
amongst others, the characteristics of mania, in its different stages, by Dr Diamond—show the assistance that it will be able to render to science in this department.”—P. 182.

To those who wish to obtain a competent knowledge of the art, as it is practised by the collodion process—the best adapted for medical purposes—we would recommend the manual by Mr Lake Price, above named. Although not altogether free from errors, it is on the whole well and sensibly written; gives a good account of the different manipulations, the difficulties which are so frequently encountered, and the various methods by which those difficulties are overcome. It is on the whole the best manual on the subject with which we are acquainted.

A Manual of Elementary Chemistry, Theoretical and Practical. By the late George Fownes, F.R.S. Seventh Edition, revised and corrected. London: John Churchill. 1858.

We so lately noticed, with approval, the sixth edition of this useful manual, that we need do nothing more, on the present occasion, than mention that this later edition has been brought up to the requirements of the present day by the editors, Drs Hoffman and Bence Jones, and that it exhibits the latest phases of organic chemistry.

Medicines: Their Uses and Mode of Administration; including a Complete Conspectus of the British Pharmacopoeias, an Account of New Remedies, and an Appendix of Formula. By J. Moore Neligan, M.D. Fifth Edition. Dublin: 1858.

This standard work has undergone a thorough revision by its accomplished editor, who truly remarks, that a work which reaches a fifth edition “scarcely requires a preface,” and, in our opinion, still less a lengthened notice. This manual is well-known to the profession; and, from the numerous improvements introduced into the present issue, it is rendered still more acceptable and useful.