

undergoing changes in the liver similar to those which are seen when it exudes in other parts. Fifth. That from the comparatively small number of the coloured spots, and their often wide separation in cases of local hepatic jaundice, there seems reason to conclude that derangement of the action of the ultimate ducts is materially concerned in their production." The author also described a case of diseased intestine in typhoid fever, in which there were many ulcers in the lower portion of the small and in the large intestines, in the solitary and agminated glands; and he raised the question, whether in that disease the deposit is restricted to the solitary glands, or is not often an ordinary deposit of exudation matter in the mucous membrane, just as a variolous pustule forms in the substance of the skin?

Mr. E. PYE SMITH exhibited a specimen of *medullary cancer* in a tumour at the pylorus of a robust, fat man, aged sixty-three, very anæmic, and with feeble digestion, which was unaccompanied by pain or tenderness, vomiting or purging; also a *biliary calculus*, four inches and a half by two inches and a quarter, of the shape and size of the gall-bladder, which had passed by ulceration into the intestine, and had produced inflammation and fatal obstruction in the jejunum. He also presented, for Mr. Ewen, two cases, one of *medullary cancer and ulceration of the stomach*, and another of *simple chronic ulceration of the stomach*, with two large perforations, four inches and a half by one inch, in the lower curvature, closed up by adhesions to the liver and spleen.

Dr. QUAIN was the medium of communication of two cases: one for Dr. Bucknill, of *fatal perforation of the stomach* in an insane man, aged twenty-two, from the presence of a large quantity of cocoa-nut fibre in the stomach; and another for Dr. Armitage, of *lobulated liver* in a child, nearly four years old. The latter patient had not had jaundice, but was afflicted with disease of the kidney, accompanied by anasarca and erysipelas, and died from peritonitis.

Mr. HOLT presented a rare instance of *pendulous fatty tumour* or tumours attached to the epiglottis, and hanging loosely in the pharynx and œsophagus, which interfered with the closure of the glottis. It had existed for many years, and had occasionally been protruded from the mouth by laughing or vomiting, producing impending suffocation. It was returned, and the patient, by swallowing slowly, could take his food for a long period with comparative ease and comfort. He died suddenly. The size of the tumour is not stated, but from the drawing we may infer that the mass was nearly five inches in length.

Dr. HARE has described a case of *cancer of the omentum* in a plasterer, aged sixty-six years; Mr. Pollock, one of *cellular and granular deposit in the liver, kidney, and peritonæum, in a case of typhus*; Dr. Septimus Gibbon, one of *cirrhotic liver* in a house-painter, aged twenty-two, with great ascites, and without jaundice; Mr. Simon and Mr. R. R. Robinson, cases of *biliary calculi*, discharged in both cases through an opening at or near the umbilicus. Mr. Simon had seen other similar cases at St. Thomas's Hospital, and described the steps of the discharge to be—first, the passage of the calculi from the gall-bladder by ulceration; secondly, their inclusion in an ulcer-like cyst; thirdly, the cohesion of this with the parietes; and, fourthly, the perforation of these investments. Dr. Ogle also described a case of *biliary calculus*, having a mass of calculi in an abscess of the liver, which opened by ulceration into the duodenum and common bile-duct; the patient dying suddenly from dropsy of the pericardium.

Dr. HABERSHON communicated a case of *Asiatic cholera*, in which there was great enlargement of the aggregate and solitary glands of the intestine; and Mr. Shaw, one of *rupture of the ilium* from a contusion of a reducible hernia by a blow over the truss, in which it was perceived that a knuckle of the intestine had descended; and Mr. N. Ward, a similar case from a kick in a direct inguinal hernia of long standing.

Mr. Gay described an interesting case of *extreme constipation*, one in which nothing had passed from the bowel during a space of three months. The boy continued in good health, but the bowels became greatly distended and resisting, and a rupture was evident through the linea alba. All purgative remedies had failed to produce any effect, and it was only by the application of a bandage to support the palsied descending colon, and the employment of warm water enemata for half an hour at a time that fecal matter, much resembling cinders, was dislodged. Lastly, Mr. T. J. Ashton exhibited an *imperforate rectum and anus* without a recognisable depression to indicate the position of the outlet.

(To be continued.)

Das Klima von Italien und seine Heilwirkungen, bei Lungen-schwindsucht, von Dr. T. H. BURGESS. *Aus dem Englischen übersetzt und unter Berücksichtigung der für Lungen-schwindsüchtige geeignetsten Aufenthaltsorte in Deutschland mit Zusätzen versehen*, von Dr. R. HAGEN. Leipzig, 1854.

WE have much pleasure in noticing this volume, which is a German translation, with notes, of Dr. Burgess's excellent monograph "On the Climate of Italy." The best test of the value of a work, or of its utility, is the fact of its being translated into foreign languages. We are therefore gratified to find that our own favourable opinion, expressed when the work first appeared, is corroborated in so flattering a manner in Germany.

Principles of Comparative Physiology. By W. B. CARPENTER, M.D. Fourth edition, 8vo, pp. 770.

IT is unnecessary, in noticing the fourth edition of Dr. Carpenter's standard work, to do more than state that it comprises all that is known on the subject of Comparative Physiology up to the present time.

Maclise's Surgical Anatomy. Parts V. and VI. Churchill.

THIS splendid work maintains its claims to the high reputation which it has achieved. The fifth and sixth Parts contain the whole subject of aneurism of the carotid and upper extremity, the surgical dissection of the parts of the facial median line, and the surgical anatomy of the abdomen, showing the relative condition of organs in a state of health and disease.

THE BOARD OF HEALTH AND THE HERTFORD NEW SEWER.

To the Editor of THE LANCET.

SIR,—Having read, in a late number of THE LANCET, a statement to the effect that a new sewer at Hertford is to be drained into the New River, not having a taste for such beverage, and entertaining some fear of its probable consequences upon the health of persons using the New River supply, I took the liberty of drawing the attention of the President of the Board of Health to the statement.

My note has received the prompt attention of Sir B. Hall, and I have received a letter from T. Taylor, Esq., secretary to the Board of Health, enclosing a copy of a letter from the New River Office, with information that the statement in question "*is entirely without foundation.*"

By giving publicity to this information, you may relieve the fears of many persons on this side of London.

I remain, Sir, your obedient servant,
Upper Holloway, November, 1854.

W. B. KESTEVEN.

EASTERN DISPENSARY, BATH.—The whole of the offices in the medical staff of this Institution having become vacant, first, by the resignation of Dr. Blackmore, Dr. Trull, Mr. Bush, Mr. Stockwell, and Mr. Tayler, and subsequently by the resignation of Dr. Tunstall, a special general meeting of the governors and subscribers was held on the 13th of November. The five gentlemen first mentioned having expressed their willingness to resume their former positions, were, by a large majority, re-elected, and Dr. J. Maule Sutton was elected in place of Dr. Tunstall.