black matter is connected with inflammation and cavities which form in the lungs.

Another specimen is one of a very peculiar nature,—the degeneration,—and which has only lately begun to excite the attention that it deserves. This degeneration is what is commonly termed here the “waxy” degeneration; and some chemists say that this morbid material is closely allied to starch. It takes place in vital organs, and it is connected with scrofula and exhausting diseases; in fact, it is one of those inveterate forms of diseases which fill our hospitals with incurable patients. It is, therefore, exceedingly important to be able to be aware of its pathology, and, if possible, to ascertain it, that we might be able to arrest it in its earlier stages. We have some peculiar specimens of it; but I shall merely state this degeneration as distinguished from the fatty degeneration with which it has very generally been confounded. Both the fatty and waxy tend to the enlargement of an organ; but they differ essentially in this, that the fatty degeneration, after it enters an organ, leaves it comparatively soft, while the waxy tends to make it hard; and still more, you observe that the fatty degeneration is opaque, while the waxy is in a great degree transparent. If you look closely at the section you will easily see that there is a greyish transparency. In certain organs this degeneration occurs in a separate form, and then it is easy to discover its nature. In the spleen it occurs in two forms: in one it affects the entire substance of the organ, converting it into a waxy-like mass; in another instance it occurs in little nodules of about the size of a large pin-head. These are of a grey colour, and transparent. The peculiar arrangement appears to depend on the fact of this degeneration affecting the Malpighian bodies on the spleen. Having this anatomical peculiarity, you have, by a peculiar circumstance, this degeneration affecting these little bodies, and leaving the pulpy organ untouched, so that you get here an idea of this peculiar degeneration in an earlier form. Attention was only called to this matter a few years ago, although the specimens which I show you have existed in the museum for twenty years.

I shall not detain you any longer with noticing specimens, because the subject would be endless, and because, if I were to go further, I should be obliged to take up groups for which there would not be room. I may mention, however, that there are specimens of the hernia structure, illustrating in their stages some of the beautiful vascular injections, and the tumour of a jaw which was successfully excised by Mr. Syme.

I have only to say a single word or two in regard to pathology generally, in conclusion. Pathological anatomy is absolutely essential for the certainty of diagnosis and the knowledge of the mechanism of disease. I shall not illustrate this remark by anything more than by putting it in a simple point of view. No one would think of studying physiology or hygiene without a knowledge of healthy anatomy; and, by a parity of circumstances, it would be quite absurd to seek to understand pathology, or the nature of disease, without a knowledge of morbid anatomy. In most of our schools, pathology is comparatively neglected; and the consequence of this is, that the scientific basis of medicine is not so extensively nor so well cultivated as it ought to be. I would even say, further, that not only is morbid anatomy necessary for pathology, but even for therapeutics—the most backward branch of medicine.

It is said against the study of pathological anatomy, that it tends to diminish our confidence in Nature. I shall not be long upon this either, because I think it would be granted at once that pathological anatomy, when properly pursued, could not diminish but rather increase our confidence in the operations of nature. For example, there is the case of necrosis. In place of a bone which has been dead, nature has formed a new bone, covering the old one, but in her efforts at cure she is unfortunately enclosing the disease. The surgeon by opening the bone extracts the disease, and nature concludes her cure. Pathology opens up a wide field for our efforts to cure. It should teach us both the destruction that disease makes, that we may prepare ourselves to counteract it, and the curative powers of nature, that it may assist them, art enabling nature to accomplish what, unaided, she fails by inadequate means, or is hindered by removable circumstances from bringing to a fortunate issue. Pathology enables us to know how to cure disease; and if we can do it, there is no reason why we should not bring the diseased structure back again to health. Then could we check the progress of disease and increase the boundaries of health, and turn the pestilent waters of disease into the garden of health.

Illustrations

OF

HOSPITAL PRACTICE:

METROPOLITAN AND PROVINCIAL.

DARTFORD UNION INFIRMARY.

HOUSEMAID'S KNEE.

By RICHARD TIPPETTS, Esq.

MARY LINTOTT, aged 34, a servant, was admitted into the Infirmary, under my care, July 10th, 1858. The patient stated that, seven or eight years since, she had suffered from a painful swelling over the left knee; and that, after a long period, by means of blisters, it had been relieved. The present enlarged bursa was of about the size of a small orange, and had existed for some considerable time, and prevented her from following her usual employment. By means of a seton-needle, a piece of narrow tape was passed through the centre of the tumour; and the extremities were fastened in the popliteal space, to prevent the cutting out of the seton. About two or three ounces of clear straw-coloured serum escaped. The patient was ordered to remain in bed, and to have a scruple of calomel with jalap; and a bread poultice was applied to the knee. The patient complained of very little pain; free suppuration followed. On the tenth day the seton was removed, and on the fifteenth day the patient was cured.

REMARKS. I have reported this case, as it well illustrates what I believe to be a very successful mode of treatment, far superior to the usual application of tincture of iodine or mercurial ointment. By either of the latter two methods, the cure is considerably protracted; and, moreover, if simple absorption of the fluid contents of the sac takes place, the patient is constantly liable to a relapse. On the contrary, the use of the seton is followed by permanent relief.

BIRMINGHAM WORKHOUSE INFIRMARY.

REMOVAL OF GLANDULAR ENLARGEMENTS IN THE NECK,
PRESSING UPON THE TRACHEA.By REDFERN DAVIES, Esq., Surgeon to the Birmingham
Workhouse.

HENRY BAGGOTTS, aged 8 years, had been the subject of enlargements in his neck since birth. They had gradually and steadily increased to their present size, despite treatment during nearly the whole of that time, consisting of the painting and inunction of iodine, blistering, medicines, and hygienic regimen. During the last three months, their growth had been somewhat more rapid. His respiration was considerably impeded, particularly at night. Upon examining his neck, there was found extending downwards and inwards from a little below the mastoid process, for a distance of about four inches, a tumour over which the integument glided freely. It presented a dull elastic feel to the touch, and the sensation of being composed of a number of smaller bodies, varying in size from a pea to a pigeon's egg. The whole mass was of about the size of a goose's egg, and moved easily over the subjacent structures.

June 1st, 1858. Dr. Hamilton Roe administering chloroform, I removed the tumour by means of an incision in its long axis. The integument and platysma myoides having been divided, the tumour, invested by a fibrous capsule, was easily turned out by means of “grubbing” with the fingers, aided by touches of the scalpel. During its removal, the external jugular vein was lacerated, and without much difficulty ligatured. The wound was brought together by sutures and strapping; and a wet compress was applied, and changed every quarter of an hour, day and night.

June 4th. The sutures were removed; the parts, save where the ligature came through, were healed by immediate intention.

June 10th. The ligature came away of itself, and in four days the wound was completely closed.

REMARKS. The chief points of interest in this case are—1. The fact that, since the operation, the child's respiration has become natural. 2. The advantage and reasonableness of removing glandular structures (as was proved by Dr. Roe's microscopic examination of the tumour) when morbidly excessive, and unaffected by topical and constitutional remedies.