preparing the prodnet; in fact it surpasses all the other processes in this respect, as there is no avoidable loss of nitric acid or alcohol, and the copper which is dissolved is recovered as sulphate of copper. Only about half the quantity of copper used, however, is thus dissolved; that which remains may be employed in a subsequent operation. But the principal recommendation to the process is that it affords the means of obtaining spirit of nitrous ether, on the large or small scale, of definite and uniform strength and composition, and of perfectly good quality. As these objects can be thus attained with ease and certainty, without any increase, but rather at a reduction, of cost, there will be no excuse for any other variation in the product than such as may arise from the change which necessarily takes place to some extent when it has been long kept in contact with the air.

Of new additions to the chemical preparations of the *Pharmacopœia* we have several. Thus two more preparations of Bismuth have been introduced; namely, the Carbonate, and the Liquor Bismuthi et Ammoniae Citratis. The first of these was introduced into medicine some years back, and is now somewhat extensively used. The latter represents the Liquor Bismuthi recently brought under the notice of the profession by Mr. Schacht, a pharmacist of Clifton. This preparation consists essentially of Oxide of Bismuth dissolved in Citrate of Ammonia, and it affords a valuable means of administering Bismuth in the soluble form. The process now given for its production is the simplest that could be devised. 430 grains of pure metallic bismuth are dissolved in 2 ounces of nitric acid diluted with an ounce of water, and the solution evaporated to expel all excess of acid. Two ounces of citric acid dissolved in four ounces of water are then added. Solution of ammonia is then dropped in until the precipitate first formed is redissolved and the solution is neutral or slightly alkaline. The resulting liquor is then diluted to the volume of one pint. A soluble double Citrate of Bismuth and Ammonia is thus formed, which gives no precipitate by dilution with water. One fluid drachm of the liquor contains three grains of Oxide of Bismuth. By this process some Nitrate of Ammonia is also produced which remains in the solution, but its presence constitutes no practical disadvantages, while its exclusion would involve the adoption of a much more complicated process, and one which might lead to some variation in the strength of the preparation.

COD-LIVER OIL. In an interesting report by Mr. Crowe on the state of the fisheries of Norway and Iceland, lately furnished to the Foreign Office, it is stated that sometimes 300 livers of the cod are sufficient to make a barrel of oil, although occasionally 500 are required, and that during the past year the Laffoden fishery supplied about 26,000 barrels of this oil.

THE LATE CATASTROPHE IN THE REGENT'S PARK. At a recent meeting of the Royal Humane Society, the cases of Mr. Abel Thomas, student of Regent's Park College, who, at the risk of his own life, saved a fellow student named Colman, who fell through the ice in the Regent's Park, on January 15th; and of Mr. Henry Obre, surgeon, who rendered most important service in resuscitating those who were apparently lifeless on the same occasion, were referred to the next general court of the society for the reward of the silver medallion; and the thanks of the society, inscribed on vellum, were given to Dr. Edward Norton (he having already received the silver medal) for services rendered at the same time.

THE CROONIAN LECTURES AT THE ROYAL COLLEGE OF PHYSICIANS.

By ANDREW CLARK, M.D.

1.

THE lecturer began by saying that, though the scientific sin chiefly prevalent among us in these days was the reproduction of old ideas under the guise of a new and often specious terminology, we were not free from the opposite sin, which, though homester in character, was not less injurious in its results. This was the repression and concealment of new ideas under the cloak of an antiquated, and sometimes absurd, phraseology. Neuralgia, rheumatism, gout, epilepsy, apoplexy, and Bright's disease, were adduced as examples of terms involving the most diverse dynamic disturbances or organic states. So it was with the term Chronic Pulmonary Phthisis, which, though comprehending various pathological states of lung, was commonly referred to one, or at most two, anatomical elements. The results of this mode of viewing the subject were shown to be disastrous alike to the science and art of medicine. The lecturer then enumerated and illustrated the following causes of this confusion.

1. Symptoms of damage to an organ are often more allied to disturbance of function than to the nature of the disturbing cause.

2. Our pathological knowledge is still imperfect.

3. Like pathological products are often brought about by unlike causes; and changes, apparently similar to the naked eye, are found quite dissimilar when examined by the microscope.

4. Prevailing theories influence our perceptions to see and our judgment to require only what was in unison with them.

More accurate views of the pathological anatomy of phthisis were now dawning upon us; and the way to these had been opened by the labours of Addison, Williams, Peacock, Bennett, Wilks, Cotton, Stone, Sutton, and Greenhow. The light which Germany boasted to have thrown upon the changes undergone by the lung in phthisis, Dr. Clark declared to be light borrowed from England and transmitted back to us through a different and less transparent medium. He referred at length to the part which inflammation plays in the destruction of the phthisical lung, and gave the honour of this discovery to Addison of Guy's. Dr. Clark next alluded to the famous "Cellular Pathology" of Virchow; and endeavoured to prove that what was new, true, and valuable in it had long been anticipated by the genius and foresight of John Goodsir, whom death, with untimely hand, had just taken from among us. Admitting Virchow to be endowed with a splendid and variously gifted mind, the lecturer averred that his faculties were not, as in a great physician, so adjusted as to enable him to keep the exercise of imagination within the domain of objective reality, to see truth from every side, and to force it into fruitful application to the necessities of men.

The lecturer then proceeded to show that, in persons dying of chronic phthisis, different states of lung were found—each of which was characterised during life by a more or less distinctly marked group of symptoms. What, then, were these different states of lung found after death? What the groups of symptoms by which during life these states were to be recognised? These questions were not yet wholly answered; and it was only by the careful col-

lation and comparison of the results of clinical and pathological inquiry that such problems could be finally solved. Dr. Clark proposed on the present occasion to confine himself to such a description of the pathological states of lung commonly comprehended by the term phthisis as would serve for their distinction; and to avoid not only a very minute account of these states, but also historical and critical examination of the opinions of others, except in so far as might be necessary to attack a flagrant error or defend a cardinal truth. He proposed to speak chiefly from his personal experience, as in part expressed by his collection of specimens shortly to be placed in the College museum. He then proceeded to map out the distinctive states of lung occurring in phthisis, and explained his reasons for declining at present to introduce a new nomenclature.

After a few clinical sketches of the leading types of phthisis, the lecture concluded with a description and explanation of the table subjoined.

Provisional Arrangement of the Varieties of Chronic Pulmonary Phthisis.

Name.	Chief Anatomical Characters.
1. Tubercular Granular or Specific Phthisis.	The true grey granulation. Pigmentary tubercle. Fibrous tubercle. Cellular tubercle?
2. Scrofulous or Epithelial Phthisis.	Primitive yellow tubercle; accumulation, cheesy degeneration and disintegration of epithelium-like cells.
3. Catarrhal or Bronchial Phthisis.	Ulceration of bronchi, with adjacent fibroid and cellular deposits and cheesy degeneration of the same.
4. Pneumonic Phthisis.	Disintegration of recent or old deposits occurring in vascular, lobular, or lobar pneumonia, primary or secondary, common or scrofulous.
5. Fibrous Phthisis (cirrhosis, chronic or interstitial pneumonia)	Fibroid deposits, with cheesy degeneration of imprisoned portions of lung due to— <i>a</i> , mechanical irritation (as in grinders, masons, miners, etc.); <i>b</i> , rheumatic inflammation of interlobular tissue; <i>c</i> , chronic pleurisy; <i>d</i> , constitutional states, as in granular kidney and liver.
6. Amyloid Phthisis.	Circumscribed or diffuse cellular formations infiltrated with amyloid material.
7. Syphilitic Phthisis.	Cheesy disintegration of nodules of nucleo-fibrous tissue, and diffuse infiltrations of the same.
8. Hæmorrhagic Phthisis.	Cheesy degeneration and disintegration of nodules of extravasated blood.
9. Embolic Phthisis, including pyæmic deposits and suppurations.	Cheesy degeneration and disintegration of grey or yellow deposits, arising, directly or indirectly, from pulmonary emboli coming from the liver, lymphatics, or veins.

STATISTICS OF SCURVY FOR THE PRESENT YEAR. During the past two months the *Dreadnought* has received 30 cases of scurvy out of a total of 62 known to have arrived since the beginning of the current year. Of these, 28 came from two ships only, and five ships are responsible for 42 out of the total number. *Times*, March 4th.

MR. BAKER BROWN.

THE following letter, with the appended note, has been forwarded to us for publication.

To the Board of Governors of the London Surgical Home.

17, Connaught Square, March 12th, 1867.

GENTLEMEN,—On the 9th and 13th of February, there appeared in the medical journals a letter from your Secretary, to the effect that he was directed by Mr. Baker Brown and Mr. Harper to state that the operation of clitoridectomy would not again be performed at the London Surgical Home, pending professional inquiry, etc.

On the 21st of February, a patient in Room No. 11 at the Home was placed under chloroform and the said operation practically carried out by Mr. Baker Brown, although not performed in his usual manner.* I am not aware that any consultation took place to decide on operating in this case; nor do I think that any member of the staff was aware of Mr. Brown's intention to operate.

Considering this act as a decided breach of faith with the profession (all the members of the medical staff being more or less implicated, but having no control in the matter), I came to a decision on the instant that, at the earliest proper opportunity, I must resign my appointment as one of the visiting surgeons; and I now beg leave most respectfully to tender my resignation.

I remain, gentlemen,

Your most obedient servant,

JOHN LOCKING, M.D.

*“Feb. 21st. On examining the clitoris, labiæ, etc., this day, the surfaces were of a pale or white colour, the result of friction or masturbation. The caput clitoridis was seized in a pair of vulsellum forceps and removed by the actual cautery.

“Feb. 24th. Had two severe fits during the night. Much headache this morning. Bowels constipated. R. Pil. aperiens. Haust. purg. mane sumend.

“March 6th. The wound is healthy and cicatrising. She has had, however, two epileptic fits since last report, one on the 5th and the other this morning at 7 A.M. *Vespere*—Another fit at 9 P.M.”

MEDICAL TRIAL.

At the Liverpool County Court, before Mr. Sergeant Wheeler, Q.C., judge, and a jury, Dr. W. H. Fitz-Patrick sued the Board of Guardians of West Derby for thirty guineas, alleged to be due to him for extra medical services and medicines supplied during the recent cholera outbreak in the West Derby Union. It appeared that, on the outbreak of the cholera last year, the medical officers of the Board received instructions promptly to attend all persons asking for medical aid, without waiting for the usual order; and it was intimated to them that, as on the occasion of the previous outbreak, the Board would deal with them in a liberal manner. In consequence of these instructions, the complainant gave medical relief to about seventy persons, and at the close of the epidemic he sent in a bill for these extra medical services of £30. For the defence, it was pleaded that this work was within his ordinary duty. The jury gave a verdict for the plaintiff for ten guineas.