slow, deliberate pulse (60), instead of the soft, feeble, frequent one, which is usually taught to be constantly present.

2ndly. We know delirium tremens occurs in northern, cold, and damp climates, most frequently, it is said, because there is more drink taken to keep up the temperature of the body. This case tends to show that the *vera causa* is to be looked for in the conditions of temperature and the like, which, indeed, is the more philosophical argument.

3rdly. Suppose such a case to have been taken to an hospital, and the ordinary treatment adopted, would it have been beneficial? Delirium tremens possibly would have been diagnosed, perhaps the stomach-pump used (for his breath smelt of spirit), cold water applied to the head, and a full dose of opium given, which would only have diminished vital action the more, and increased the cerebral congestion. The tingling of the fingers, his being apparently drowsy, and the occasional twitchings (shivering), not unlike convulsive spasm, were very seductive, combined with the short neck and family history.

4thly. This case is peculiar in being so very temporary, the whole attack lasting only six or seven hours.

5thly. There was an absence of all the usual causes of delirium tremens (there is not the least doubt of this at all).

6thly. The result of the case indicates the value of exciting the action of the skin in such a state, which may be best accomplished by emetics and counter-irritants.

The man remains quite well. So far as my experience goes, the case is unique.

Gloucester-gardens, April, 1859.

ON A CASE OF

POISONING IN A CHILD BY A LOZENGE CONTAINING OPIUM; RECOVERY.

By J. N. CREGEEN, Esq., M.R.C.S.E., &c., Deptford.

As cases of poisoning by opium and its several preparations are of all others the most frequent, especially in children, the following case, I think, will be found to possess some points of interest:—

A few weeks ago, Mrs. W— brought her son, aged two years, to me, stating that she had carelessly allowed him to eat a lozenge given him by a man who had occasion to enter her shop to make some purchases; and that about a quarter of an hour after eating the supposed harmless lozenge he was seized with drowsiness and stupor, which greatly alarmed the parents. Upon examination, I found the child suffering with the following symptoms:—He was in a profound stupor, and insensible, and could not be aroused by any loud noise; the pupils were so exceedingly contracted as hardly to be perceptible, and insensible to light; pulse small, feeble, and intermittent; the skin warm and slightly moist; the expression of countenance pallid and ghastly; and he was evidently suffering from narcotic poisoning.

I immediately gave an emetic of sulphate of zinc, and applied sinapisms to the feet and cold affusion over the head and chest. The emetic was soon followed by a free evacuation of the contents of the stomach. The vomiting was freely encouraged for some time, and the child was then allowed to be taken home, with the caution that he should be kept awake until I saw him again, which required the most assiduous perseverance on the part of the attendants. I again visited the child, and, after the lapse of a few hours, allowed him to go to sleep. On calling next day, I found him quite convalescent.

Broomfield House, April, 1859.

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, APRIL 30TH.—The deaths registered in London, which had been 1084 and 1126 respectively in the two previous weeks, rose to 1207 in the week that ended last Saturday. The deaths from measles last week were 36; from scarlatina and diphtheria, 73. The cases recorded as “diphtheria” were 16. There were 15 deaths from small-pox, 11 of which occurred to children. The resident surgeon at the Small-pox Hospital states, that “owing to the increase of small-pox in London during the last three months, the hospital has become nearly full of patients; 313 have been admitted this year, of whom 111 were admitted in April.” 5 deaths occurred in that institution last week. 14 deaths were caused last week by rheumatism and rheumatic fever, 9 by syphilis, 2 by intemperance.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

FARRE'S CANCEROUS TUBERCLE OF THE LIVER.

(Under the care of Dr. HARE.)

WHEN malignant disease occurs as an independent affection in other parts of the body, it is not uncommonly found to affect the liver. This is known to be the case in cancer and melanosis—nay, even in tuberculosis. Clinical experience, however, proves that this organ may take on malignancy in some one of its forms, as an idiopathic primary affection, which may, secondarily, extend to other organs, especially the stomach. The belief is maintained by many physicians that cancer of the liver is invariably secondary to the same disease in the stomach. This holds good in the great majority of instances, but not in all. In illustration, we may be permitted to refer to two recent examples brought before the Pathological Society. In one—colloid cancer of the liver—it was shown by Dr. Wilks that the disease was confined solely to the hepatic organ. And Dr. Gibb exhibited a liver, weighing sixteen pounds, which was affected with an apparent mixture of the scirrhus and encephaloid forms of cancer, and which he believed was the primary disease, secondarily affecting the stomach. The facts tending to prove this were, the entire absence of any symptoms, such as vomiting, indigestion, or gastralgia, especially observable when the gastric functions are primarily disordered.

The following case, which we have taken from the hospital register, still further establishes the correctness of this view. The patient is twenty-five years of age, in whom cancer has firstly appeared in the liver, which has already attained such dimensions as to render it probable that it will exceed in weight the large example we have just referred to. Not a single symptom is present indicating gastric disturbance beyond pressure from the tumour and the ascitic fluid; and it is most likely that the mischief, at a later period, will be found to have, secondarily, extended to the stomach.

When, besides general enlargement of the organ, distinct tuberosities can be felt over its surface during life, we have pretty reliable evidence as to the nature of the disease, which is found to depend upon the presence of round or oval tumours, disseminated and seemingly coalescing throughout the substance of the organ. This malady was at one time known as “Farre's tubercle of the liver,” a designation which is well worthy of being retained; for whether the cancerous masses should constitute the varieties described as *tubera diffusa* or *tubera circumscripta* by Farre, the appellation would serve to comprehend both, as the main difference between the two is in their consistence.

It is remarkable that with such an amount of disease present in the liver there should sometimes be an absence of jaundice until perhaps within the last few days of life. This fact is, however, known to occur in many other affections of the organ, and thus a symptom of some significance is lost.

Thomas C—, aged twenty-five, was admitted under Dr. Hare's care on the 4th of April, 1859. He had lived nineteen years in London. His relatives all healthy. Had enjoyed good health until six months ago, when he had a pain between his shoulders, running down across his loins. This lasted two months. Two weeks afterwards he had diarrhoea for three months, with much pain, his motions being of a bright-red colour. The abdomen began to swell when the diarrhoea ceased by the aid of medicine, but recurred occasionally. Has been losing flesh, but eats and sleeps well.

April 12th.—Has a slightly yellow tinge; very thin and