On asking the assistant the quantity of fluid he supposed was in the bottle, he at first said it was about half full, as it was the bottle he had opened to make up some prescriptions by; but on examining the box containing all the bottles of prussic acid, he found that there had been a full one taken out, the bottle half full remaining in. On our making a post-mortem, about twenty eight hours after death, the heart was found healthy, and full of fluid blood. The lungs had a few scattered tubercles at the apices, and there were old pleuritic adhesions at the apex of the right lung. The liver and kidneys were healthy. Spleen large but healthy. Bladder empty. The stomach contained about two ounces of a thick treacly fluid smelling strongly of prussic acid. There was some amount of congestion at the greater curvature.

This case may be brought forward to show the power of voluntary motion exercised by an individual after taking a large dose of this acid; for he must have walked to his bed, got in, and partially covered himself with the clothes. He had also voided his urine. On examining the stomach again, eight days after death, it still smelt strongly of prussic acid.

I may remark that he had only just recovered from a fractured leg, which we had the opportunity of examining, and which had united firmly and directly by bone, without any of the "provisional callus" of old authors.

I remain, Sir, yours faithfully,

Swindon, Dec. 1863.

A. L. GRIFFITH, M.D.

ON THE CAUSES OF FIBROUS TUMOURS OF THE UTERUS.

To the Editor of THE LANCET.

SIR,—As Dr. Routh, in his excellent Lectures, quoted my opinion as to the frequent cause of fibrous tumours of the uterus, and as Dr. Henry Bennet, in some very practical observations, has written his opinion, I trust I may be allowed to state that I consider the habits of delection to be a very frequent cause of these fibroid growths. I have long held and promulgated this opinion, and I have several cases where I prognosticated the formation of these tumours in unmarried females who had habitually indulged in such habits, and where I have watched the subsequent development of the growths. I am glad to see Dr. Bennet confirms my belief that such habits are a frequent cause of many uterine and nervous affections of females. With respect to the comparative frequency in single and married women of fibroid tumours, I will just add, that until Dr. Routh gave his tabular proofs, I had always thought they were more frequent in single women. On reference to my own tables, however, I find, to my surprise, that Dr. Routh is correct.

I am, Sir, your obedient servant,

Connaught-square, Jan. 1864.

I. B. BROWN, F.R.C.S.

To the Editor of THE LANCET.

SIR,—In last week's number of your journal Mr. Spencer Wells pointed out a source of fallacy in the statistics of Drs. Bennet and Routh with regard to the question, "Are the married more than the unmarried liable to fibrous tumours of the uterus?" I believe there is still another source of fallacy. Some time ago an unfortunate case occurred in my practice, where there was a fibrous tumour as large as a child's head attached to the uterus, smaller ones being studded over its surface. Now this patient had only been married about nine months, whereas the tumours, particularly the large one, must have been the growth of years. In framing statistics this case would no doubt be placed under the head of "married," whilst strictly speaking it should be "unmarried." It is nearly certain that this source of fallacy has occurred in numerous other instances, and would appear to be almost sufficient to render all statistical calculations on this particular subject arbitrary and valueless.

I am, Sir, your obedient servant,

Fitzroy-square, Jan. 1864.

HENRY M. MADGE, M.D.

To the Editor of THE LANCET.

SIR,—In your journal of last week Mr. Spencer Wells takes exception to my statistics on the causes of fibrous tumours of the uterus, alleging that I have not drawn the proper relation of married with unmarried women according to the late census, which materially affects the question. I think it right once for all to state that it is scarcely fair to judge my views from a short abstract given of lectures which occupied each over an hour in delivering. When they are published the case will be

different. Mr. Wells will then find that I have drawn the relation he refers to from the census of 1851, and not only this, but in reference to the ages at which most marriages, most sexual offences, and the greatest fecundity occur.

I remain, Sir, yours obediently,

Montague-square, Jan. 1864.

C. H. F. ROUTH, M.D.

BRIGHTON.

(FROM OUR OWN CORRESPONDENT.)

Two cases have occurred during the week of abdominal tumour which are of some interest:—

Mrs. —, aged forty eight, had for twenty years a tumour in the left side, about midway between the crest of ilium and angle of rib. She felt no great inconvenience for years, and went about her work as usual; at times she would have violent attacks of pain, and at times she would pass much blood from the bladder. Up to a very late period she looked healthy and well. She had one son, a healthy lad. The bladder was sounded, but nothing abnormal could be found. The tumour steadily increased, filling the left iliac region, and having a hard nodular feel. She died comatose. There was slight ascites, and anasarca of the lower part of the body.

At the post-mortem examination nodular deposits were noted on the external parts of the abdomen. On opening the body the left kidney was found as an irregularly rounded nodular mass weighing about 10 lbs.; it was little more than a shell filled with a curdy, cheesy mass, more solid towards the edges, where it appeared to be in, as it were, concentric layers; there were no deposits in the right kidney. The liver, double its normal size, was pervaded with hard, yellow nodules; some, however, cheesy. In the lungs were likewise many masses like those in the liver, of variable size. The heart was fatty, degenerated, and flabby. The great omentum was loaded with hard cancerous deposits. The uterus was hard and stone-like, cutting with great difficulty; both ovaries were the seat of large cancerous deposits. Under the microscope the chief characteristics were fibroid, rounded and oval multinuclear cells.

The second case was that of a man, aged fifty, who had noticed a tumour growing in the left iliac region for the last four years. It had caused him no pain, and only latterly inconvenience from its increasing size; his motions became flattened and very small; a tumour could be felt in the region of the left kidney, and was smooth, round, and freely movable; there was albumen in the urine, but no hæmorrhage. The patient gradually wasted away. About two months before death he went, as his wife described it, "off his mind," and was rather violent at times. About eight or ten days before his death he recovered his reason, and he died conscious.

On opening the body a large globular mass was found in the left iliac region, extending up to near the lower rib; it was freely movable, being attached only to the great omentum by some thickish dark-blue vessels: it appeared to be generated in the omental meshes. The kidney was behind and above this mass, and not perceptible when it was *in situ*. The tumour proved to be an hydatid cyst, about eight inches by five, full of smaller cysts, all full of clear fluid and echinococci. The thickness of the walls was, at least, a quarter of an inch, at most three-fourths of an inch, hard and tough, so that when cut open the walls stood erect like the shell of a cocoa-nut. There were no other hydatids in any organ; the brain was not examined.

These two cases occurring at the same time are of diagnostic interest. In the first the leading features were, attacks of excessive pain; hæmorrhage from bladder; nodular feel; secondary deposits; slight ascites; immovable tumour. Disease of the uterus and ovary was excluded by the healthy bladder; the other symptoms pointed to the kidney, as also to cancer.

In the second case these marked signs were absent; moreover the tumour felt rounded, freely movable, but it was over the region of the kidney, and there was albuminuria; the motions were flattened, showing pressure on the gut somewhere. A diagnosis in this case was not made. As to the flattening of the motions: though not before mentioned, the descending colon was firmly adherent to the cancerous mass in the first case, and very contracted, but the motions were never affected. In the second case the descending colon was only pressed upon, and the motions were flattened and small.

Some anthelmintists say that mania is in a certain number of cases due to echinococcus in the brain, and may cite this case