disease, I have thought it well to add also the number of cases in which syphilis was present.

THROAT AFFECTIONS.

Recognised without the aid of the Laryngoscope, 93 :—

Inflammation of tonsils, palate, and pharynx	37	Syphilis.	1
Hypertrophy of tonsils	24		6
Ulcers of tonsil and palate	19		13
Epithelioma of tonsil, palate, &c.	2		—
Ulcers of tongue	5		4
Psoriasis of tongue	1		—
Dryness of pharynx	3		—
Herpes of fauces, &c....	2		1

Recognised with the aid of the Laryngoscope, 59 :—

Catarrh of larynx	14		—
Chronic laryngitis	17		4
Inflammation and congestion of vocal cords	7		1
Ulcers on vocal cords...	4		2
Growths on the vocal cords	2		2
Hypertrophy of cords	3		2
Partial paralysis of cords	2		—
Hysterical aphonia	4		—
Anæmia of larynx	2		—
Ulceration of epiglottis	4		2

Cases referred to on two occasions...	2	38
	150	

Inflammation of the Tonsils, Palate, or Pharynx.

Of the thirty-seven cases suffering from this affection, seventeen (nine males and eight females) came with well-marked constitutional and local symptoms of the formation of an abscess. There was a swelling in the region of one or both tonsils, extending either forwards into the soft tissues of the hard palate, or backwards into the pharynx, and in one instance into the substance of the tongue. The swelling was of a pink, red, or bluish colour, very hot and painful, and somewhat hard, with the exception of two cases in which pus had already formed, and which were at once relieved with the bistoury. Swallowing was accompanied by extreme pain. The voice was thick and indistinct, and in many cases deafness was produced upon the affected side by extension of the inflammation to the Eustachian tube. The tongue was white or foul; the pulse increased in rapidity, usually weak, though in some early stages of the affection of greater strength than normal. The inflammation extended in all cases to the pharynx, palate, and uvula, the last structure being usually much enlarged and œdematous. Fever was evident to a greater or less degree. The treatment adopted in all cases was the administration of an emetic composed of antimony and ipecacuanha; and after free vomiting had been aided by copious draughts of warm water, a mixture of carbonate of ammonia and tincture of bark was given three times a day.

The treatment of this class of affections, with the exception of two cases, varied between seven and fourteen days, but the two referred to were complicated by sequelæ, and extended over a lengthened period.

One of the cases, Hester D—, aged sixty-one, wife of a railway porter, attended with symptoms of quinsy, and was treated by the method described. The inflammation, however, was not cut short, and the abscess formed, and burst. Still the tonsil remained of large size, and the tissue around the aperture through which the pus had escaped became phagedænic. The breath was unbearably fetid, and the health of the patient much impaired. A gargle of carbolic acid, and a mixture of bark and ammonia, were ordered. The medicine was continued for a fortnight, and then changed to citrate of iron and quinine. Improvement took place but slowly, but in rather less than two months all throat affection had disappeared. The patient, however, afterwards suffered from a bad attack of dyspepsia, and was treated accordingly.

The second case, John S—, aged thirty-nine, a waiter at an hotel, attended with acute inflammation of the right tonsil. The epiglottis was also much inflamed and thickened. An emetic was given. No abscess formed. At the following visit the acute form of inflammation had subsided to a great extent. He was now requested to use steam inhalations, and also a gargle of chloride of zinc, one

grain to the ounce of water; the bowels were kept well relieved. Little or no further progress was made during the next fortnight. In reply to questions, the patient stated that he had had chancres eight months previously, and that they had been followed by an eruption on the face and body, though no spots were at that time existing. He was now placed under iodide of potassium, with an addition of bicarbonate of soda and decoction of chinchona. In a fortnight from this time the throat was much improved, but, at the same time, the sclerotic coat of the right eye became inflamed, and this was followed by an attack of iritis. The treatment now adopted was calomel-and-opium pill, and a continuation of the mixture. The iritis was rapidly overcome, and the pills were therefore discontinued, but bichloride of mercury was added to the mixture. In three weeks from this date he was discharged cured.

The remaining twenty cases of inflammation were in the proportion of eleven males to nine females. The prominent symptoms were redness of some part either of the soft palate, tonsil, or pharynx, accompanied by some dysphagia, but without any marked constitutional disturbance. Among these cases may be reckoned the more characteristic forms of so-called "relaxed sore-throat." In these the throat was hot and dry, and exhibited an increased vascularity, either in the form of general redness, or in the form of dilated vessels crossing the affected part; swallowing produced a tearing or dragging pain, but if the throat were moistened with a lubricating fluid, as acacia mixture, the pain in swallowing was considerably relieved; on pressing beneath the angle of the jaw the tonsil could easily be detected with the finger increased in size. The treatment varied with the amount of inflammation. In those cases in which the submucous vessels only were enlarged, strong astringent gargles were used, as a solution of alum (fifteen grains to an ounce), or a solution of tannin (eight grains to an ounce). Where the tonsil could be felt beneath the ramus of the lower jaw, a liniment composed of six drachms of soap liniment, and three drachms each of oil of turpentine and solution of ammonia, was rubbed into the part. Where the throat was more deeply reddened, or of a bluish colour, or œdematous, hot steaming was advised, and a gargle was ordered composed of one drachm each of tincture of iodine and compound tincture of chinchona to an ounce of water. In all cases a tolerably strong purgative was at once administered, and the throat was brushed over with the pure tincture of iodine.

The duration of these cases was rarely more than a week. In three instances the relaxed condition of the tonsil remained persistent, and in these citrate of iron and quinine was prescribed, and a blister the size of a florin was applied beneath the angle of the jaw, the action of which was immediately beneficial.

(To be continued.)

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium

MIDDLESEX HOSPITAL.

NOTES OF BEDSIDE REMARKS ON THE DIAGNOSIS AND TREATMENT OF AN ABDOMINAL TUMOUR.

(By Dr. MURCHISON.)

THE patient said that he was twenty-seven years of age, a sailor, and had been in tropical climates; that the tumour had appeared suddenly about four months ago, immediately after his having swallowed some very hot drink; that it was neither painful nor tender, and caused him no inconvenience whatever; that it varied in size from time to time and that under the influence of a medicine he had ceased

to take a month since, it had apparently decreased in size, but had since again undergone a slight but steady increase.

The tumour was found to be situated in the left third of the right hypochondrium, and extended thence across the epigastrium. Dr. Murchison said that the first step was to determine its relations. It was ascertained to descend perceptibly during inspiration; hence it did not pertain to the abdominal wall, but must either originate in or be intimately connected with the liver. The next point to be ascertained was its consistence. It was made out to be tense and elastic, and to vibrate very slightly on percussion. These characters were said to point to fluidity of the contents. Dr. Murchison then drew attention to the fact that, unlike most enlargements of the liver which had recently come before the notice of his class, this one did not consist of a uniform enlargement of the liver, but of one portion projecting in a particular direction. This last feature limited the diagnosis to carcinoma, aneurism, distended gall-bladder, circumscribed abscess, and hydatid.

First, then, with regard to *carcinoma*. There was nothing in the physical signs absolutely to contraindicate it, nor was it necessarily excluded from consideration by the absence of pain and tenderness. Indeed, even cancerous tumours of the liver had, within his own knowledge, been so painless, soft, smooth, and elastic, that they had been tapped for fluid. On the other hand, the patient's youth was opposed to the idea of cancer of the liver; while the entire absence of cachexia and the unimpaired general health were quite incompatible with the existence of so large a malignant growth.

Next, as to *aneurism*. Many an aneurism presented less pulsation than this tumour, but the *character* of the pulsation was not aneurismal; it was only a heaving forward, not a general expansion. Then no bellows-murmur was audible over the site of the tumour; and, though it was not unusual for a thoracic aneurism to yield no murmur, yet an abdominal aneurism almost invariably gave rise to bellows-murmur and to pain. The patient's age, again, the pulse, the absence of any evidence of atheroma, and the healthiness of the heart-sounds, were all opposed to the probability of the tumour being an aneurism.

In the third place, the situation of the tumour, the patient's immunity from jaundice, and the absence of any history of biliary colic, relieved them from taking the *gall-bladder* into further consideration.

In the fourth place, was it an *abscess*? The patient had been exposed to climates capable of inducing large tropical abscesses, and such an abscess might exist without the symptoms of pain and tenderness. But against this idea were the facts that there were no history either of rigors or pyrexia, or night-sweats, and also that the patient was not in the least emaciated; and so large an abscess of any internal organ could not possibly exist without the development of some or all of these symptoms.

Lastly, what were the points against the tumour being *hydatid*? They were that the patient was positive that the tumour had appeared suddenly, that it varied in size from time to time, and that whilst he was taking medicine for it it had decreased, and on the medicine being discontinued it had increased again. But, said Dr. Murchison, no great importance could be attached to these statements; they were, in fact, the history often given of such tumours. Patients were in the habit of believing that the tumour suddenly appeared at the moment when an attack of dyspepsia, or some trivial circumstance, first directed their attention to it. The variations in size depended on the distension of the stomach and intestines by food or flatus. The points in favour of hydatid were, the absence of pain, the slowness of growth, and the physical signs.

A fact of considerable interest, Dr. Murchison said, was that a brother of this man had been the subject of hydatid tumours of the liver. One of these had suppurated, and formed an enormous abscess, followed by pyæmia and death. This coincidence suggested the question, whether the hydatids had, in both instances, been derived from the same source. The two brothers had not lived together for fifteen years until two and a half years ago, and the date of the appearance of the disease in the man who died precluded the possibility of the latter having been the date of commencement; so that if the cause had been the same in both cases, it must have been in operation at least fifteen years ago. The long latency which this hypothesis involved, Dr.

Murchison said, was not unprecedented; hydatids sometimes remained in a state of comparative latency for a whole lifetime.

As to treatment, nothing could be hoped for from any but such as was local in character. The patient's account of the tumour having diminished under the use of a drug, which appeared to have been the iodide of potassium, could not be relied on. The hydatid was not a part of himself, but a separate being, and could not be affected through his constitution. If the medicine had really caused a diminution in the size of the tumour, it could only have done so by destroying the parasite—a result which was obviously incompatible with the alleged subsequent increase, without any sign of inflammation. The only two modes of treatment which Dr. Murchison felt inclined to entertain were two ways of tapping. The one consisted in the evacuation of the fluid by means of a very fine trocar; the other in the induction of adhesive inflammation of the tissues superficial to the tumour, and then making an ample opening, and eventually allowing the sac to close by granulation. The advantages of the first-mentioned operation were—that, supposing the diagnosis to be doubtful, it would be decided without any harm being done, for few solid tumours, or even aneurisms, were the worse for a fine puncture; that, if the tumour were hydatid, of which Dr. Murchison entertained little doubt, the fluid would be evacuated, and the parasite in consequence killed, while the sac itself would soon shrivel up and degenerate into a putty-like or calcareous mass. In most instances the patient so treated recovered in about fourteen days, without a bad symptom; and although ten or fourteen days after the operation there was often a slight secondary enlargement, this in most instances subsided without any further treatment. The disadvantages of the second operation were, that the treatment would extend over six months or more, and that it would expose the patient to the following risks— hæmorrhage from the surface of the liver, exhaustion from the suppuration, and pyæmia. Where circumstances rendered the latter operation necessary, Dr. Murchison said he endeavoured to guard against these dangers by the free injection of a solution of chloride of zinc (ten grains to the ounce), after withdrawal of the contents of the sac, and by dressing the opening with carbolic oil, and covering it with a curtain dipped in the same preparation, and laying over the whole a covering of tarred oakum. In this case he should decide in favour of the first-mentioned treatment.

In conclusion, Dr. Murchison said it might be argued, that supposing the tumour to have existed for fifteen years, and that during that period it had neither grown rapidly nor caused inconvenience, could interference of any kind be justified? To this he would reply, that as long as it remained the patient lived in constant peril. Hydatids might form elsewhere; suppuration, with all its consequent dangers, might ensue; the tumour might be ruptured by a blow or break spontaneously into the peritoneum, involving fatal peritonitis, or into the pleura, causing pleurisy and empyema, or into the pericardium, or the stomach, or the intestines, or the bile-duct, or a large vein, or even into the kidney. It was to be observed, however, that rupture into the intestine might terminate favourably; also that, as a general rule, if an hydatid burst spontaneously, it was into the pleural cavity; if in consequence of a blow, into the peritoneum. In illustration of the danger of delay, Dr. Murchison referred to two cases. The one was that of a man whose liver is preserved in the museum of St. Mary's Hospital. He had received, while sparring after a meal, a slight blow in the pit of the stomach, and had died within a few minutes of his admission into the hospital. An hydatid tumour, the walls of which had undergone calcareous degeneration, had burst into the peritoneal cavity. The other was that of a domestic servant, who had not had the slightest suspicion of anything the matter with her till the onset of an attack of acute pleurisy, which was found to be due to the passage of the contents of an hepatic hydatid cyst through the diaphragm into the pleural sac.

DREADNOUGHT SEAMEN'S HOSPITAL.

FIVE CASES OF SCURVY.

(Under the care of Dr. STEPHEN H. WARD.)

In the history of the following cases there are three points specially worthy of consideration:—1. The duration