that he had lived freely, but about four years and a half ago had been compelled to "pull up," owing to a smart attack of vomiting of blood. This had recurred two years, and again one year previous to his admission, which was on Dec. 18th, 1868. Two months prior to this, he first noticed that his belly had begun to swell, and he suffered from a dull aching pain in the region of the liver. His appetite simultaneously fell off, and his bowels became irregular. These symptoms induced him, after a fortnight, to apply as an out-patient, when a moderate amount of ascites and general anasarca was detected. He was treated with salines, the diuretics in common use, nitrous ether, squills, the acid tartrate of potash, broomtops, &c., and hydragogue aperients. The anasarca diminished slightly, but the ascites was not affected by these means. After a month he went to another hospital, where analogous remedies seem to have been employed; his belly, however, continuing to increase, he requested to be made an in-patient.

On admission, the peritoneal cavity was found to be tense with fluid, the circumference being forty-three inches and a half just above the umbilicus. In the epigastric region only, as the man lay on his back, could a clear area the size of the palm of the hand be mapped out. The superficial abdominal veins were greatly distended; the cellular tissue both of the legs and about the loins and thorax pitted on pressure, and the bases of the lungs were œdematous. The condition of the liver could not at the time be traced, but the absence of any evidence of cardiac lesion, and the freedom of the urine from albumen, pointed it out as the chief offender—the more so as there was no reason to suspect either chronic peritonitis or peritoneal cancer. The urinary secretion had fallen to ten ounces daily, and the breathing was becoming slightly oppressed. The heart's power seemed good. There had been no return of the hæmatemesis for a year.

The question then arose—Ought this man to be at once tapped, or should he be tested with some of the rarer diuretics? The breathing presenting nothing urgent, and the heart's action being of fair power, the latter course was employed. He was ordered fifteen minims of balsam of copaiba, one drachm of mucilage, and one ounce of cinnamon-water, three times daily; the following will show with what effect on the kidneys:—

Urine passed in twenty-four hours.—Dec. 18th, ten ounces; 19th, ten; 20th, ten; 21st, fourteen; 22nd, twenty-four; 23rd, thirty; 24th, forty-four; 25th, forty; 26th, forty-eight; 27th, thirty-six; 28th, forty; 29th, forty-eight; 30th, forty-eight; 31st, thirty (?); Jan. 1st, forty-eight; 2nd, fifty-two; 3rd, twenty-six (?); 4th, forty-six; 5th, forty-eight; 6th, fifty; 7th, fifty; 8th, forty-six; 9th, fifty; 10th, fifty; and so on: the average being forty-seven ounces daily till his discharge.

The first day slight nausea and purging were set up by the drug, but both these symptoms faded on the third day. On the seventh day the copaiba was increased to twenty drops thrice daily. The breathing had now become quite easy, and the œdema of the lungs was the first to disappear. By the end of the year, however, the ascitic fluid had so far diminished that it was thought advisable to apply a flannel bandage to the belly so as to keep up some pressure on the portal radicles. By the end of the first week in January the outline of the surface of the liver could be readily traced, confirming the diagnosis of cirrhosis. His appetite had, however, flagged; and it was therefore determined to reduce the amount of copaiba to a single dose of thirty drops, to be given in the early morning, and to administer some solution of strychnia, mineral acid, and calumba, through the day. The result was a marked increase of appetite, without any diminution in the diuresis; indeed, on one occasion sixty ounces of urine were voided in the twenty-four hours. On the 18th January the percussion note was absolutely clear down to the flank, and all fluctuation had ceased. The belly was now only distended with tympanitis. Galvanism was therefore added to the other remedies. A few days later a transient papular rash appeared, possibly due to the copaiba, but it was disregarded. The man continued to take the remedy till his discharge on the 28th January, up to which day he continued quite free from any return of the dropsical affection.

Dr. Duffin, in his remarks, said: The case acquires its sole value from the diuretic action of the copaiba. The uncertainty and imperfection of most of the drugs at present

in use to call up the eliminative action of the kidneys render any addition to our means a great positive gain. No doubt this special action of copaiba has long been acknowledged, but it appears to have fallen into such great disuse as to be almost forgotten by many practical men. The fact that in this instance the ordinary diuretics had been tried and failed renders its effect the more significant. The great rarity with which extensive ascites completely disappears, even for a while, under any plan of treatment, further renders this a good test case. In spite of the enormous pressure of the ascitic fluid on the kidneys they resumed their activity on the third day from the exhibition of the medicine, and never faltered during its continuance. A single case naturally can only be regarded in the light of a suggestion, and in cases of cardiac dropsy Dr. Duffin admits that, though of value, copaiba has only partially responded to his expectations hitherto. The nausea it is apt to induce may become a serious objection; but he would suggest the utility of piling the drug into a single dose, administered upon an empty stomach with some aromatic water, and then treating the dyspeptic signs throughout the day.

ST. GEORGE'S HOSPITAL.

A CASE OF FIBROUS POLYPUS TREATED BY LANGENBECK'S METHOD OF OPERATION.

(Under the care of Mr. ROUSE.)

THERE are a few points of interest connected with the following case. First, as to the diagnosis. No one who saw the tumour before the operation doubted its nature; but when it was seized with the forceps it was so soft that it broke down under the pressure. Until a microscopic examination had been made, some thought that a mistake had occurred in the diagnosis; but the extensive absorption of the wall of the orbit in so short a time, and the attachment of the tumour to the basilar surface, were sufficient to prove that it was not a mucous polypus. The operation is worthy of notice, Langenbeck's method not having been very frequently followed in this country. Its simplicity, the perfect exposure of the nasal cavity, and the ease with which the base of the tumour can be seized, not to mention the absence of subsequent disfigurement, render it a most desirable mode of procedure.

E. W.—, aged fourteen years, deaf and dumb, was admitted into the hospital on the 5th of August, 1868.

History.—For some months has had gnawing pain in the right side of the face, which has been gradually swelling. For the last three months the right eye has been pushed forwards and outwards.

On admission, there was slight fulness of the whole of the right side of the face. The right eyeball was protruded and pushed outwards, so that the eyelids could not be closed, neither could the eye be turned inwards. There were fulness and hardness at the inner angle of the orbit. The right nasal bone was considerably raised. On looking into the nostril, a fibrous polypus was seen reaching nearly to the outlet. No tumour could be felt in the pharynx.

On the 6th of August, the patient being under the influence of chloroform, Langenbeck's operation was performed, by which means the nasal cavity was well exposed. A pair of polypus forceps was then introduced, with which the polypus was seized and dragged out. The lachrymal bone was found to have been almost entirely absorbed, allowing the tumour to pass into the orbit and push out the eyeball. The polypus had been attached to the basilar surface. The edges of the wound were brought together with silver sutures. The patient progressed favourably, and was discharged cured on the thirteenth day after the operation.

WOUND OF THE POSTERIOR TIBIAL ARTERY; SECONDARY HÆMORRHAGE; LIGATURE OF THE VESSEL ABOVE AND BELOW THE WOUND; EXTENSIVE SUPPURATION AMONGST THE MUSCLES OF THE CALF; RECOVERY.

(Under the care of Mr. ROUSE.)

This case shows the not unusual result of a wound of an artery which was not ligatured at the time of the accident. The interest mainly depends on the length of time before secondary hæmorrhage ensued, and the difficulty of deter-