

exposure of the eyes to the light, similar to what took place in the second case of *spina bifida* quoted in this paper, in which the scalp was so distended by the development of hydrocephalus, that the eyelids could not be shut.

But I am wandering again from my immediate subject. I will wander still further, concluding by observing, *à propos* of the circumstance mentioned in the description of the case of dislocated vertebrae, viz., that there was redundancy of fluid between the chorion and the amnios observed during the labour, that I have on other occasions observed a similar coincidence of redundant fluid in the ovum, with a dropsical condition of some part of the fetus.

TREATMENT OF CYNANCHE MALIGNA.

By W. A. BRYDEN, M.D., Mayfield, Sussex.

THE invariable success which has attended the following method of treating an epidemic, of a very severe character, that has for some time been raging in this neighbourhood, induces me to communicate it to my professional brethren, in the hope that it may, in their hands, prove the means of saving many a valuable life. Out of between twenty and thirty cases of the disease, I have not lost one, where I have had an opportunity of putting this plan of treatment into execution.

The symptoms presented by the majority of cases were those described by Fothergill, Bretonneau, and others: varying from slight diphtheritic tonsillitis to nearly complete obstruction of the throat, with whitish or gray coloured specks and patches on the palate, tonsils, and uvula; accompanied by fever of a low typhoid type, and great prostration of the powers of life. In only one of the cases did I notice any rash, and in that it was of a papular character.

The treatment which I have found most successful has been to give powdered guaiacum in combination with chlorate of potassa; to support the strength with beef-tea, mutton-broth, etc.; and to cause the patient to frequently gargle the throat with a solution of chlorinated soda; or, if he be too young, or unable from any cause to use the gargle well, to cause his throat to be mopped or sponged with it. The secretions, of course, must be attended to; and in the later stages of the disease, tonics, such as quina, or bark, and nitric acid, will be beneficial.

I was led to use the guaiacum in this disease from having frequently seen the benefit derived from it in the ordinary cases of cynanche tonsillaris—a circumstance which, if I mistake not, was first pointed out by Mr. J. Bell, of Barhead, twelve or fifteen years ago. The more *sthenic* character of the cynanche tonsillaris, however, renders the addition of nitrate of potassa to the guaiacum preferable to the chlorate.

CASE OF MALIGNANT DISEASE OF THE LIVER.

By W. NEWMAN, Esq., Fulbeck, near Grantham.

THE following case of malignant disease of the liver may present some points of interest.

M. N., a female, age 59, applied to me in January 1857, with various symptoms of hepatic derangement, dyspepsia, etc. The treatment adopted gave but little relief; and hence accurate examination showed the existence of a hard lobulated enlargement of the liver, occupying the right hypochondrium, and encroaching on the middle line.

The swelling increased rapidly, especially in the epigastric region: ascites supervened, and, as there was much suffering from dyspnoea, etc., paracentesis abdominis was performed in May 1857, and nine gallons of thick albuminous fluid were drawn off with much relief. The removal of the fluid showed that the tumour had increased much; it occupied the whole of the epigastric, and part of the left hypochondriac regions: encroaching on the umbilical region, and reaching nearly to the crista of the ilium. It was softer in some parts than in others; and was singularly lobulated throughout. The fluid collected again, and six weeks after the tapping, a repetition of it was proposed, in June 1857. Before any time was fixed the cicatrix of the puncture gave way during a sudden movement, and the fluid escaped from the abdominal cavity through this opening. The puncture remained open, and from that time, up to the patient's death, in Sept. 1857 (a period of nearly four months), a discharge of serous fluid, to the extent of a pint or more, took place every, or every other day. This of

course was a great relief after the prior distension, dyspnoea, etc. She sank at last from complete exhaustion.

An external *post mortem* examination showed the tumour occupying the whole of the abdomen on the right side, extending downwards quite into the pelvic cavity; and also encroaching on the left side: it was hard and lobulated in parts, soft and very yielding over the region of the liver: the puncture opened direct into the peritoneal cavity, and was still patent. I could not obtain leave to make any more accurate examination.

The history points to the case as one most probably of soft cancer. The existence of the peritoneal fistula is, to say the least of it, a novel feature, and induces the idea that the case may on that account deserve a record.

Reviews and Notices.

TRANSACTIONS OF THE MEDICAL SOCIETY OF KING'S COLLEGE, LONDON. Vol. I. Winter Session—1856-7. Edited by ALFRED MEADOWS, House-Physician.

WE have perused this volume—the first publication of a Students' Discussion Society which has existed for more than twenty years—with much interest, and, we are bound to say, with considerable satisfaction. The society is, as it would appear, almost limited to students, or those who have recently passed some examining board, and are serving as resident officers in the hospital. Hence the same mastery in treating, and freedom in selecting, their subjects can hardly be expected from the authors of the papers before us, as from the distinguished men who are contributors to *Guy's Hospital Reports*. What they profess to do, however, they have done well; and that is, to give a careful and clear statement of the practice and teaching of the school to which they belong, supported and illustrated by cases under the eyes of their audience at the time. The principal feature of all the papers is this, of practical hospital work; so that, of the nine papers of which the body of the work is composed, only one is devoted to other than a clinical subject (“The Voice,” by Mr. Meeres); and even this has a direct bearing on anatomy and physiology.

We would especially call the attention of those interested or engaged in the management of such societies to the paper of Mr. Lawrence on the Morbid Anatomy of the Heart, as a model of what such papers ought to be, treating an every day subject in a lucid and matter of fact manner, and illustrating every point of the description by a reference to cases which the hearers are or ought to be in the daily habit of visiting. The importance and advantage of such a society to the education of the student for the time being cannot, we think, be spoken of too highly.

If the further question be asked, whether it is advisable to print and publish such collections, our answer would be in the affirmative. It may be true that they contain little that has not been said before, and nothing that may not be known by the accomplished medical practitioner (though we, for our own part, are not ashamed to own having derived several new facts from the little volume before us); but we must remember that all medical practitioners are not accomplished, and that to the juniors and the students a publication which in a small compass gives the results of the practice and teaching at a large London school for a year, together with a record of the most important cases which have occurred in it, is of no small value. Besides, even if such a publication contained no other interesting or important fact, it proves this at least, which is neither uninteresting nor unimportant, that one of our chief schools is worthily performing its highest function—that of leading its students to the wards of the hospital, and teaching them how to recognise and how to treat disease. Admission into the *Transactions* is also a stimulus to study and elaborate the subject of the paper; for no paper is received without a report in its favour from referees.