Having excluded the ordinary possible causes of spurious enlargement of the liver, and having considered the previous history together with the then present physical signs and symptoms, the physician already alluded to was satisfied that we had mainly to deal with a large cirrhotic liver. Some months previously, according to my own observations, the organ was small and contracted. To account for this apparent increase in size was somewhat puzzling. The theories of congestion, cancer, etc., were considered, and dismissed as an unsatisfactory explanation. This apparent enlargement remained until the patient died, some months afterwards. At the *post mortem* examination, the liver was found lying on its under surface in the lumbar region, the anterior edge of the right lobe being down in the iliac fossa. The liver measured 12 inches transversely, 8 inches in the antero-posterior direction, and $2\frac{3}{4}$ inches in the thickest part, and weighed 56 ounces—a small liver for the size of the body from which it had been taken.

Remarks.—The predisposing causes of anteversion of the liver appear to be distension of the abdominal cavity, followed by the opposite condition, and at the same time attended with atrophy of the recti muscles. With the distension of the abdominal cavity, the wall in front is expanded and the round ligament of the liver is stretched and lengthened. When the distension is afterwards removed, the abdominal muscles in front having previously become atrophied and lost their tonicity, the support of the anterior border of the liver is taken away.

SOME STATISTICS OF SMALL-POX.

By HENRY TOMKINS, M.D.,

House-Physician to the Royal Infirmary, Manchester; late Resident Medical Officer at the Monsall Fever Hospital.

IN THE BRITISH MEDICAL JOURNAL for October 20th there appeared an article devoted to the consideration of a paper written by Mr. T. B. Sprague in the *Journal of the Institute of Actuaries*, in which some small-pox statistics compiled by Dr. Keller of Austria are strangely at variance with those published in this country, and notably those of the Metropolitan Asylum Hospitals. As a small contribution to the same subject, the following notes may be of some value in arriving at a more satisfactory conclusion than that of the above named writer as to the efficacy of vaccination in affording protection from small-pox, when performed in a proper manner and at proper intervals of time.

The cases from which the following tables have been formed were those received into the Monsall Fever Hospital, Manchester, from the 1st of January to the 31st of December, 1876, and for the accuracy of which I hold myself responsible. During that year, variola was present in an epidemic form in Manchester and its suburbs, being at its height during the spring and early summer months; and, although these cases represent but a small proportion of the total number recorded in this district, being less than one-half the number recorded by Dr. Keller and scarcely one-fifteenth of those treated in the Metropolitan Asylum Hospitals during the epidemic of 1871-72, still, as they were received from all parts of the city, they may fairly be taken as representing the average mortality of the disease in this district during the epidemic of last year.

Arranged below is the total number of cases, with the average mortality of the vaccinated and unvaccinated, compared side by side with Dr. Keller's and with those of the Metropolitan Asylums.

TABLE I.—*Death-Rate in Cases of Small-Pox.*

	Cases.	Deaths.	Death-Rate per 100.		
			Monsall.	Dr. Keller.	Met. Asyl.
Vaccinated with one or more distinct cicatrices	745	71	9.53	16.4	10.2
Unvaccinated cases	78	45	57.7	24.8	44.8
Said to be vaccinated, but no cicatrix visible	37	13	35.13		
Not known whether vaccinated . .	61	29	47.54		
Total	921	158	17.1	18.7	18.7

In all these, the death-rates of the total number are about the same, and they agree in being higher among the unvaccinated than amongst the vaccinated. Dr. Keller, however, makes the remarkable statement that, *except during infancy*, the mortality is much higher amongst the vaccinated cases, and brings forward figures to prove this assertion.

In the article of the BRITISH MEDICAL JOURNAL before alluded to, the mortality of the cases under five years of age from Dr. Keller's reports is compared with that of the Metropolitan Asylum Hospitals. I have analysed the cases at Monsall in the same manner, and find them still more at variance with Dr. Keller's. Thus:

TABLE II.—*Cases of Variola at Five Years of Age and under.*

	Cases.	Deaths.	Monsall.	Rate per 100.	
				Dr. Keller.	Met. Asyl.
Vaccinated with one or more distinct scars	21	1	4.8	38.6	19.5
Unvaccinated cases	23	19	82.6	33.3	61.2
Said to be vaccinated, but no scar visible	7	3	42.8		

In all statistics, there is a liability to draw false deductions; and, in quoting the above, it should be stated that, owing to a prevalent idea abroad in this part of the country, that parents are liable to punishment for the omission of vaccination when this is discovered by the occurrence of variola, it is often difficult to get them to acknowledge non-vaccination, and therefore it is not unlikely that some of those cases said to be vaccinated, but no scar, were really unvaccinated; and the same with those set down as not known. But, after allowing for this, the plain fact still stands out most prominently, that immense protection is undoubtedly afforded by successful vaccination; and, in conclusion, I would earnestly commend the following to the careful attention of those zealous but misguided individuals who are constantly clamouring against vaccination and its compulsory performance. Firstly, in the nine hundred and twenty-one cases at the Monsall Hospital treated during the year 1876, in those where there was any evidence of vaccination at all, the death-rate was but $9\frac{1}{2}$ per cent. Secondly, amongst children under five years of age, where there was a distinct cicatrix, there was but *one* death in the twenty-one cases under treatment, and this solitary one was a poor puny child, whose death was occasioned quite as much by diarrhoea as by small-pox; whilst amongst the twenty-three unvaccinated cases, only four recovered. Not a single death occurred among adults where successful revaccination had been performed within four years; and, lastly, out of all the numerous workpeople coming into the hospital during the year as porters, labourers, servants, nurses, etc., not *one* contracted small-pox, every individual being compelled to be vaccinated before commencing work there.

One other point is worthy of consideration. It is this: in a population where compulsory vaccination is in active operation, it may fairly be assumed that the children who escape vaccination are in an extreme minority; and yet out of this minority a larger number of cases were received than from amongst the exceedingly large majority of vaccinated children. What, then, would have been the number had the unvaccinated been in the majority, and what the number of deaths at the rate of 82.6 per 100?

THERAPEUTIC MEMORANDA.

THE TREATMENT OF OBSTINATE SICKNESS BY KOUMISS.

I WISH to record briefly the result of my experience in the treatment of obstinate sickness by koumiss; for I believe, with Dr. Jagielski, that we possess here a simple but a satisfactory remedy, and one likely to be of use when the ordinary remedies fail.

Miss S., aged 31, far advanced in phthisis, and already much exhausted by incessant cough, profuse sputa, sweats, and diarrhoea, was suddenly attacked by hæmoptysis, accompanied by obstinate and distressing sickness. The patient was *in extremis*. After exhausting the ordinary remedies, I administered, cautiously at first, No. 2 koumiss with the best results. The sickness immediately ceased; the hæmoptysis merged into tinged sputa and gradually disappeared; the pulse became stronger; the skin warm and moist; the diarrhoea ceased. The patient, who had previously loathed all food, gratefully took the koumiss, at first alone, then mixed with milk. A return of hæmoptysis in the fourth week, with secondary bronchitis, took her off.

Miss T., aged 50, was attacked by hæmatemesis (due probably to gastric ulcer) and persistent vomiting. Iced drinks, gallic acid, etc., failed to give much relief; for, when food was taken, the sickness and hæmatemesis returned. We were reduced to the treatment by enemata of beef-tea and brandy, which was continued for five days, notwithstanding which the patient became much weaker. No. 2 koumiss was then given, as in the last case, with good results.

In a case of severe vomiting caused by mental shock, but remotely connected with concussion of the spine, the result of a carriage accident, koumiss No. 1, made from the extract, was successful after hydrocyanic acid, bismuth, creasote, etc., had failed.

In several other cases, I have given koumiss, and always (except