into consideration that the ultimate structure of the kidney is less complicated, that its secretion can be obtained without admixture and with facility, and subjected to chemical and microscopical examination, which is not the case with the bile, and that the morbid products, from which essential inferences may be deduced, are contained in the uriferous tubes. And, if a passing comparison be made between the other larger solid organ—the spleen—and the liver, in respect to pathologic recognition, it may be held as a rule that absolute enlargement, cognisable and often very manifest, is the common condition of splenic disease, because its distensible tabeculæ and pulpy structure, under nearly all forms of its morbid state, render it prone to hyperæmia; and, when chronically affected, as in hypertrophy and purulent accumulation, the history, physical signs, and objective symptoms commonly conduct to a correct diagnosis.

The history and symptoms of this man were such as sample closely with what obtains in the ordinary illustrations of the complaints. His once healthy aspect and robustness of conformation prove, as I have in repetition observed, that cancer does not always, as was formerly supposed, come on in such as are of frail and delicate constitution. I have before repeatedly known those who were models of muscular power, and those who have been the verisimilitude of florid, well-furnished healthiness, become the prey of this fell and implacable disease. There is no doubt that the bronchitic attack, by its induction of general debility, disordered digestion, and consequent malassimilation, favoured the development of this morbid process, where the diathetic tendency already existed, and needed but some cause of declension of vital power to act proximately and bring it into noxious existence. The feeling of weight and fulness in the right hypochondrium, the impaired appetite, the flatulence and the hypochondriacal depression, were symptoms highly characteristic; and they are generally experienced in the earlier and more obscure stages of the malady, before any tumour can be recognised, and when it is impossible to declare the real nature of the lesion. The non-febrile condition, the cachexia, and the loss of flesh were significant facts, as they should ever be regarded in such cases. That the liver was large when he first came under my care, palpation and percussion at once rendered evident; but its free border was then smooth and rounded, and such enlargement might be from causes other than malignant deposit, and from this symptom alone a correct diagnosis could not be inferred. He had not had jaundice; but the absence of that symptom counted for little in the consideration of his ailment, because in cancer of the liver it often happens—indeed, it most frequently happens—that icterus does not, from the beginning to the end, supervene. The organ may be rendered three times its normal size from cancerous deposition, and no jaundice be produced. Frerichs says that it is of little value as a symptom, because it is not present in the majority of cases; and, of ninety-one examples of cancer of the liver, given by this authority, in fifty-two jaundice never came on. Of course this event often depends upon the fortuitous circumstance of the heterologous growth pressing upon one or more of the larger ducts; and when it does occur, it never disappears. There may, however, be what Virchow terms hæmatogenic icterus—when it is of blood-origin, an event which this writer considers to be caused by the disintegration of a large number of blood-corpuscles. (Virchow's *Arch.* xxxii Hft. 1865). Sometimes a carcinomatous liver may not be at all enlarged, and a small cancerous mass may be formed within or press upon a duct and cause such obstruction as to give rise to intense jaundice; and sometimes there may be very obvious extension of the hepatic lines of dullness, and great hyperæmia of the viscæ consequent upon the pressure of malignant tumour of the stomach, peritoneum, or pancreas, when hepatic cancer is greatly simulated. An apt illustration of what is now asserted was some time ago presented to my notice. A farm-servant, 52 years of age, was admitted into one of my beds in the Infirmary in April 1867; and I at once regarded his case as that of malignancy. He had some slight pain at the epigastrium, but did not complain of sickness; he had a dusky, cachectic aspect, had lost flesh, and was becoming anasarous. The liver was large, the right mammary line was exceeded, the free border was below the costal edge; the stools were clay-coloured, and the urine contained bile. In the last days of June he became jaundiced; and this symptom, which was strongly marked, continued to the time of his death, which occurred July 12th. The presence of primary or secondary cancer in the hepatic substance was not altogether improbable, from both negative and positive facts; because there had been no broadly marked indications of carcinoma of the stomach, nor could any distinct tumour at the pylorus or other part be felt; because there was little or no epigastric pain, no sour eructations, no sickness; because there had been dull, heavy, dragging pain in the right hypochondrium darting up into the shoulder; and because the liver depended below the costal margin, and deep persistent jaundice came on. The autopsy, however, exhibited, not hepatic cancer, but pyloric cancer which mechanically obstructed the vena portæ

and choledochus duct. The liver was large and extremely hyperæmic, but no trace of malignancy could be found in any part of its parenchyma. The dropsy and jaundice were at once explicable.

[To be concluded.]

ON THE DANGER TO LIFE FROM LIMB-AMPUTATION IN ST. BARTHOLOMEW'S HOSPITAL.

By HOLMES COOTE, Esq.,

Surgeon to the Hospital.

I TRUST that Sir James Simpson will not think me guilty of want of courtesy in not having sent an earlier reply to his last communication. I still maintain that in London and in other cities there is a necessity for us to aggregate our sick in large hospitals; for I know not where we are to find space enough or money enough to erect a number of detached cottage-hospitals, with all their accessories, standing in their own grounds. That which is possible in America may not be possible here, unless indeed we take to purchasing, for the benefit of the sick poor, the parks of the country gentry, and convert them into convalescent establishments. The sick poor, did I say? "the self-constituted pauper sick" would be a more appropriate term. It was but to-day that I heard of a "pauper" patient assuring his life for two thousand pounds in the same office where the doctor who gave him gratuitous advice was glad enough to assure his life for two hundred. Each hospital we establish spreads ruin far and wide upon the members of our profession. I heard as a fact that the establishment of the Great Northern Hospital (no such large institution) caused three hundred small practitioners and chemists and druggists to shut up their shops. At all events, it is known that they closed their accounts at a large wholesale druggist's and migrated elsewhere.

But, to return to facts of surgical statistics, Sir James Simpson must confess that it is a habit (and a very legitimate habit) for country practitioners to send their worst and most hopeless cases to the London hospitals. The cases are always worse than those seen elsewhere; consequently the comparison as to the death-rate between town and country is scarcely fair.

In the next place, I think that Sir James makes the London death-rate too high. For other purposes, and indeed before I had ever seen Sir James's interesting letters, I had taken a list of all the serious operations performed by myself in St. Bartholomew's Hospital for the year 1864. They were as follows: Amputations of the thighs, 3—all recovered; amputations of the leg, 3—one died; extirpation of the breast for cancer, 1—died; she was near 70; ligature of the femoral artery, 2—both recovered; amputation of the arm, 7—all recovered; cancerous tumours, 2—both recovered. This makes 18 cases of operations of first magnitude and 2 deaths, or 1 in 9. I will, if so wished, give similar statistics for the succeeding years; but this may suffice to shew that we do not lose patients at the rate which other statistics might lead one to infer.

But in the very instance of amputations of the thigh, statistics may lead us far from the true conclusion. "The proportion," says Sir James, "of traumatic thigh-amputations, as compared with other limb-amputations, is smaller in St. Bartholomew's than it is in the statistics of rural practice which I have collected." Against 24 cases of amputation performed at St. Bartholomew's by all the surgeons during a certain period, Sir James puts 22 cases performed by one individual surgeon, and 20 cases performed by another! We may well ask, Are cases requiring amputation of the thigh so much more common in a sparse rural population than in manufacturing London, with its four million of inhabitants? or do some surgeons amputate more readily and under more favourable cases than others? Where is it, in town or in country, that the greater number of injured limbs are saved altogether from operation?

I will not follow this reasoning further, because I am quite prepared to agree with Sir James Simpson thus far, that it is unwise to assemble together too many sick, and that a vast number of patients are indeed gasping for country air. The plan now advocated in London to establish convalescent hospitals will meet this emergency. May they not spread ruin among the rural doctors where they are about to be placed! I will go further, and confess that all sick persons will improve more rapidly, when improvement is possible, by putting them into well-placed detached cottages, surrounded by every luxury, in pure and bracing air with the best medical advice, gratuitously bestowed. But even were this practicable, which it is not, it would not do away with the necessity of the London hospitals; and I know of no plan better than that upon which St. Bartholomew's is constructed; namely, four detached buildings in the form of a square, raised in stories on an elevation just above that of surrounding buildings.