An old man aged 67 was admitted into Guy's Hospital on February 1st, 1854, and died on March 5th. He was an emaciated spirit-drinker, with ascites and with jaundice. His strength had only failed for three months, the date of the ascites and jaundice. The skin was hot and dry; the liver could not be felt; the legs were oedematous; there was a cachectic lichenous rash on the body; the urine contained colouring matter of bile; and there were several spots of purpura on the hands. On inspection, there were atheromatous condition of the vessels of the brain, and subarachnoid effusion; there was degeneration of the coronary arteries and of the muscular fibre of the heart. The peritoneum contained two gallons of clear serum, with flakes of lymph. The liver weighed 4 lbs.; its surface was roughened from contraction; its section was irregular, congested, and lardaceous. The kidneys were granular; their arteries rigid; their weight 7½ oz. On examining the acini of the liver, fibroid tissue could be seen between the cells of the liver in the lobules. This condition was one of general degeneration, and the cirrhosis was a part of that general atrophy.

The full elucidation of these diseases would be impossible in the limits of one lecture. I have sought to give such practical illustrations as may aid in the diagnosis, and to encourage the scientific treatment of those maladies which are especially connected with the vascular supply of the gland.

NOTE ON THE CURE OF INVETERATE ECZEMA IN CHILDREN BY VACCINATION*

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[From the Br. Medical Journal]

We are so often confronted by cases in which it is alleged that eczematous eruptions have been produced by vaccination because they have followed it, that it is somewhat encouraging to have met with two cases where the eruptions existed in unvaccinated children, had resisted all the usual methods of treatment, and finally were cured by vaccination.

The first was the child of a commercial gentleman of great intelligence, who allowed me to try vaccination after everything else had been done that could be suggested. It was a most obstinate case of eczema over the whole body, the scalp being the seat of its worst display. The glands of the neck were chronically enlarged, and at one time suppurated so seriously as to endanger the child's life. Temporary benefit was derived from change of air, but drugs had no effect. Acting on the usual rule, I put off the vaccination of the child for three several periods of nine months. The dread of vaccinating a case like this depends on the probability of the formation of glandular abscesses—an apprehension that certainly is not unreasonable. I told the father of the child that, if we accepted the risk of this misfortune, I believed vaccination might cure the child by exercising some influence on its nutrition. He agreed to the experiment; and, to diminish risk as far as possible, I used lymph which had passed through one healthy child from the heifer. The result was most remarkable, for in a few days a marked improvement was visible in the child; and in little more than three weeks all traces of the eruption had disappeared; save a roughness of the skin, which still exists. The hair grew rapidly on the scalp, and the child now is in all respects as fine an infant as I have ever seen.

At the same time I had under my care the child of a clergyman, for which many prolonged and various courses of treatment had been adopted ineffectually for an eczematous eruption affecting the whole body, but mainly the face and flexures of the joints. It was nearly two years old, and had never been vaccinated. I told the father of the case I have just related, and he consented to the vaccination. He has sent me the following note of the history. "To the best of my recollection, the symptoms of skin-disease in baby were first manifested when she was about two months old. The disease appeared in a virulent form for the space of nine months, at the end of which time she was vaccinated. After vaccination, the child improved rapidly, and in a month not a trace of the malady was left."

Two is too small a number from which to make a generalisation; but the consequent and antecedent had in both of these cases too immediate a connexion for me ever to believe that the cures were mere coincidences. In the last case, I used lymph directly from the heifer, kindly supplied to me by my friend Dr. Greene, of Friday Bridge. I have no doubt that this is more efficacious and safer than lymph which has gone through numberless children. The rationale of the cure can only be theorised upon, and this I do not care to engage in. Suffice it for me if I may induce others to try the remedy.

* Read before the Pathological Section of the Birmingham and Midland Counties Branch.

A LECTURE ON DISEASE OF THE VALVES OF THE HEART.

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The General or Functional Symptoms of Valvular Disease.—Prognosis.—Treatment.

GENTLEMEN,—In my last lecture (BRITISH MEDICAL JOURNAL, Jan. 13th, 1872) I described the physical signs, and discussed the diagnosis, of disease affecting the different valves of the heart. We have now to consider the *general or functional symptoms* of valvular disease. And first I may remark that disease of one or more valves, as indicated by physical signs, may exist for years, yet, so long as the walls of the heart continue to be well nourished, there may be few or even no symptoms of functional disturbance. This fact is so well known, that it is scarcely necessary to give examples; but I may mention that it has happened to me twice, in examining candidates for life-insurance, to discover the unmistakable signs of aortic regurgitation in men of middle age who believed themselves to be in perfect health, and who declared that they had never been ill. Moreover, in one of these cases the medical attendant of the applicant certified that he was sound and in good health. In each of these cases I chanced to hear that death had occurred within a few months after the discovery of the disease and the consequent rejection of the candidate by the insurance-office. It is a matter of common observation that, when valvular disease has been caused by an attack of rheumatic fever, the physical signs are unmistakably present; but years may elapse before any symptoms referable to the heart are complained of.

Amongst the earliest and most constant symptoms of valvular disease is an excited or irregular action of the heart on exertion, such as going upstairs or running or walking fast. With this there is often hurried and difficult breathing, the result of an impeded circulation through the lungs. As the impediment increases, the lungs become congested and oedematous; moist sounds are heard over the lower lobes; and the patient becomes liable to attacks of catarrh and bronchitis.

In the advanced stages, *hæmoptysis* is not an unfrequent symptom, the result of passive engorgement and rupture of minute pulmonary or bronchial vessels.

When we were discussing the subject of *vesicular emphysema* of the lungs (see BRITISH MEDICAL JOURNAL, June 27th, 1868), I explained to you the manner in which valvular disease of the left side of the heart tends to bring about that condition of the lungs.

In most cases of valvular disease there is a sense of uneasiness, and in some there is actual pain in the region of the heart. The pain varies much in degree. In some cases of aortic regurgitation, with dilatation and weakness of the left ventricle, severe pain comes on in paroxysms, and extends down the left arm, constituting one form of what is called *angina pectoris*. These attacks sometimes result in sudden and fatal syncope.

Most of the symptoms of valvular disease are the direct result of the interrupted circulation through various tissues and organs; this interruption of the circulation involving, as we have seen, a defective supply of arterial blood and an impeded return of venous blood. I have already described the result of this interrupted circulation upon the nutrition of the heart's walls, and I have just now spoken of its effect upon the lungs. The abdominal organs suffer from the same cause. The interrupted circulation through the walls of the *stomach* results in a defective or an abnormal secretion of gastric juice. The consequence is, that the food, not being fully acted upon by its natural solvent, decomposes and ferments. The patient is dyspeptic and flatulent, and the flatulent distension of the stomach increases the dyspnoea and the cardiac distress. A similarly impeded circulation through the *kidneys* brings with it a scanty secretion of urine (which is sometimes albuminous), a consequent