

to the eleventh vertebra. After tapping, a depression was noted in the upper part of the right abdomen, and lower down a projection. This tumour measured 10 to 11 cm. in the middle line, and 15 cm. in the right mammary line, and over it the percussion note was dull. The lower border could be followed from left to right, and the convex upper surface of the liver felt. Between the liver and diaphragm fluctuation could be made out, and the surface of the liver could be dipped upon. The liver could be readily pushed up, the pulmonary resonance behind being then raised 1 cm. The fluid seemed to remain between the liver and the diaphragm, whether the patient was lying down or sitting up. This was also proved at the necropsy, the lad dying some months later. The liver was very movable, enlarged, and of the nutmeg variety, with consequent induration. The suspensory ligament was  $7\frac{1}{2}$  cm. long. The pulmonary resonance behind was raised when the liver was pushed up, owing to the displacement of the fluid backwards. An additional cause of the mobility of the liver may lie in the loosening of its posterior attachment, for usually the vena cava is firmly bound with the liver and vertebral column. This case, as well as another seen by the author, occurred in men; hitherto movable liver has been exclusively seen in women.—*British Medical Journal*.

**The Compensations of Combined Valvular Lesions.**—Baccelli (*Deut. med. Woch.*, January 11th, 1894) remarks that the general condition of the patient may be no worse where more than one valve is involved than in a lesion of a single valve. He relates two cases in illustration: (1) A man, aged 45, had acute rheumatism five years previously, but only complained of symptoms for a year past. Although physical examination showed the heart much enlarged, and both mitral and aortic orifices incompetent, yet when at rest the patient gave little evidence of anything being the matter with him. The pulse presented nothing characteristic. Disturbance of compensation in valvular lesions is a much more complicated problem than is usually believed. Thus a patient after influenza exhibits symptoms of a cardiac lesion previously silent, or in another accustomed to hard work the compensation suddenly breaks

down without apparent sufficient cause. The anatomico-pathological defect does not constitute the whole clinical picture. Murmurs at times disappear, or a fully compensated mitral stenosis may apparently present signs which should be looked upon as of ill omen, and yet they do not prove to be so. The worst damage done to the heart is when two lesions of opposite characters, such as aortic stenosis and mitral regurgitation, exist. When the lesion affecting the valves is similar, the outlook is much less serious. But because the trouble caused by the double lesion is less, it does not necessarily follow that the danger is less. Sudden syncope may occur. The real danger lies in a material and dynamic disproportion. The prognosis must be very reserved, since the capacity of compensation may cease to exist. Prophylactic measures, including the avoidance of mental excitement, too apt to be forgotten nowadays, must be attended to. Digitalis purpurea is the sovereign remedy among cardiac tonics, caffeine and strophanthus being some distance behind it. Caffeine, unlike digitalis, increases the heart's action. Strophanthus is used when the others fail or have to be discontinued. (2) A man, aged 51, with no history of rheumatism, and always in good health, was seized with dimness of vision, nausea, and vomiting. He showed the physical signs of mitral and aortic stenosis. Only slight symptoms existed: he had no cough or bronchial catarrh. Here a paradox might seem to exist—namely, that a stenosis of one valve was a more serious lesion than that of two.

**The Awakening Effect of Cocaine.**—A few days ago a patient who had toothache, wishing to stop it immediately, secured nine grains of cocaine in solution, and took it into his mouth a little at a time, holding it until the accumulation of saliva became so abundant that he had to spit it out. He began using the cocaine in this manner at 5 p.m., and did not cease till 10.22 p.m., same evening. As it was then bedtime, he thought he would make sleep certain by taking 20 grains of chloral. Immediately after taking the latter drug, he took into his mouth some more cocaine and went to bed. He "swashed" the cocaine solution about in his mouth a while, then spat it out, turned on his side, and tried to go to