

herent to the stomach and duodenum, and this again to the colon. These adhesions, together with the thickened tissue around and induration of the pancreas, caused a hard mass to be felt in this region. The infiltration was caused by a tough fibrous tissue, which did not present any other appearances than those of inflammation, and might have been so considered had it not been for the cancer of the liver. When the colon was dissected off there was found a hardened mass of material surrounding the portal vessels, &c., and thus the duct was perfectly closed at its termination in the duodenum. This also somewhat constricted the duodenum itself. The pancreas was excessively hard, suggesting at first a scirrhus cancer of the organ; a section, however, showed it to be hardened by inflammatory fibrous tissue around and amongst it. The new material in this neighborhood was hard and fibrous, and gave out no juice on pressure. The gall-ducts throughout the liver were much dilated, and filled with watery mucus; the gall-bladder was contracted, and occupied by white inspissated mucus; the liver was of a deep green color; the pancreatic duct somewhat distended. At the back part of the liver were several deposits, two of them being the size of beans, and hollowed on the surface as in cancer; they were firm and dry. Near these were several smaller ones, but the region where they existed was circumscribed. There were also several very hard deposits of the same kind on the under surface of the diaphragm. No disease was observed in any other part.

The microscope showed the composition of the deposits to be nucleated cells with abundance of oval nuclei.—*Lancet*.

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### THE LARYNGOSCOPE.

SIR,—In the last number of *THE LANCET*, and in a review of Dr. Gibb's work on Affections of the Throat, special reference is made to the importance of the laryngoscope in assuring accurate diagnosis. For the successful employment of this valuable instrument it is essential that the little mirror introduced at the back of the throat should so accurately reflect the parts beneath that the whole extent of the beautiful laryngeal apparatus may be surveyed as completely as when displayed after death. To effect this it is obviously necessary that the "faucial mirror" be introduced at a temperature sufficiently high to prevent the dimming of its surface by condensation; but it is equally important to guard that the heat be not too great, lest the sensitive membrane resent the introduction of the mirror, and the research have to be begun *de novo*. To overcome the difficulties and obviate the necessity for warming the mirror each time of its use, several ingenious plans have been tried; but nothing