one abscess they are exceedingly hard to find, and as a rule the prognosis is very bad.

Case No. 17 is an instance in which more than one abscess was operated on at the same sitting. Treatment was unsuccessful in all cases in which the abscess burst into the lungs or pleura.

Treatment.—If we disregard the treatment of hepatitis and the dysentery that so often accompanies abscess of the liver, once that the disease is diagnosed there is but one treatment, viz., evacuation of the pus, resecting, if necessary, a portion of a rib to facilitate free drainage. The cavity of the abscess should be irrigated at the time with a weak aseptic lotion. Haemorrhage is seldom severe, but in Case No. 1 it was severe enough to cause extreme collapse, from which, however, the patient rallied well. In some cases the wall of the abscess is so thin as to break down under manipulation, in others the abscess is more deeply situated, and in those, after a fine bistoury is passed alongside the aspirator needle (which is left in as a guide while exposing the liver), a sinus forceps is introduced, and the opening into the abscess enlarged by expanding the blades.

In the event of convalescence being retarded, another abscess may be present which can be operated on as in Case 17, or it may be due to some occlusion of the tube preventing free exit to pus, and this of course can be easily remedied. After operation for abscess of the liver the organ has a tendency to contract, and the opening into the liver to move away from the opening in the skin, and on this account it is advisable to make a slightly curved or even cross incision through the integuments.

NOTES ON A CASE OF LIVER ABSCESS, WITH SECONDARY ABSCESS IN THE BRAIN.

By CAPTAIN T. B. UNWIN.
Royal Army Medical Corps.

Private ———, aged 23, 2nd Royal West Kent Regiment, was admitted to hospital, Diyatalawa, Ceylon, on August 29th, 1903.

History.—He had been suffering from hepatitis, and discharged four days previously from Colombo Hospital; otherwise his medical history sheet was clear.

State on Admission.—The patient was poorly developed and anaemic; his temperature was 101°F. and pulse 86 per minute, the tongue clean, bowels regular and normal. He complained of slight tenderness in the umbilical region, and a sense of heaviness in the right hypochondrium. On percussion, the liver dulness was somewhat increased, reaching about half an inch too high in the nipple line, and half an inch below the costal margin. I placed him on milk diet, custard, and poached eggs. Medi-
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Olinally, ammonium chloride, grs. xx., three times a day. He appeared to improve under this treatment, but on September 24th he complained of pain in the right hypochondrium. Fomentations were applied over that region, and ¼ of a grain of hydrochlorate of morphia given at night. The pain subsided, but the patient was becoming thinner and weaker.

On October 3rd there was again pain over the liver area, which extended towards the right shoulder and neck, and also towards the umbilicus. He complained of pain in the right hypochondrium. Fomentations were applied over that region, and ¼ of a grain of hydrochlorate of morphia given at night. The pain subsided, but the patient was becoming thinner and weaker.

On October 10th I found that the liver dulness had increased to an inch below the costal margin, and extended well over to the left side, but I came to the conclusion that a liver abscess had formed. I called in Civil Surgeon L. Brohier, Gampaha Hospital, and he agreed with my diagnosis. We proposed to aspirate.

Operation.—An anesthetic was administered, and I passed an aspirator needle slightly upwards, inwards, and to the right, just below the costal margin in the nipple line; a thin brownish fluid with threads of pus escaped. From the direction in which the needle had been passed, we came to the conclusion that the abscess was situated in the right lobe, nearer the axillary border, so another and larger aspirator needle was passed between the seventh and eighth ribs, when a quantity of thick pus escaped. An incision was made about three inches in length, the aspirator needle was withdrawn, and a finger passed into the opening—a large cavity could be felt. A good-sized drainage tube was inserted into the cavity, fixed, and the wound dressed in the usual manner. The patient stood the operation remarkably well, and remarked in the evening that he felt much better. The discharge came away freely, and the patient was doing well, taking plenty of nourishment.

On the evening of October 24th the temperature rose to 102°; the discharge, which was diminishing, was sweet and healthy, but I decided to wash the cavity out with warm boracic acid lotion. There was no change in the patient until October 29th, when he complained of severe headache, and his temperature had risen in the evening to 103°; this I could not understand, as the discharge from the abscess cavity was very slight, and consisted of blood and bile with a few threads of pus. As the pain in the head was so severe and general, I had his head shaved and ice bags applied; the temperature dropped in the morning, and the patient felt easier.

On the morning of October 31st I was sent for; the orderly on duty said that the patient had had a rigor. When I saw him he was unconscious, and there was rigidity of the muscles of the limbs. His pulse was hardly perceptible; he had passed his feaces involuntarily. I ordered a
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hypodermic injection of strychnine, and half an ounce of brandy. In about half an hour he rallied, but remained in a drowsy and listless condition. I concluded that there was some cerebral mischief, but as the symptoms were so obscure, nothing definite could be diagnosed. He took a fair amount of nourishment by the mouth, but remained in the same drowsy state, and was becoming gradually weaker. The discharge from the abscess had almost diminished; his temperature now was subnormal. He had been gradually sinking and death took place on November 5th, 1903.

Post-mortem Appearances.—On opening up the abdominal and thoracic cavities, the liver was seen to be greatly enlarged—the left lobe reaching right over to the left side, and very congested. The liver weighed 73½ ozs. Adhesions had formed between the liver and the seventh and eighth ribs. A cavity was found in the upper part of the right lobe, which could hold nearly four ounces of water. On opening up the abscess cavity the walls were found to be well defined and formed of fibrous tissue. The cavity was empty except for a small quantity of thin dark red fluid. The remaining liver substance was otherwise healthy. The heart, kidneys, and spleen were healthy. The lungs normal, except for the bronchial tubes being slightly congested, which contained a small amount of mucus.

The brain was anemic, and an abscess had formed in the right occipital lobe, situated about an inch and a half from the occipital pro­tuberance. The abscess was not well defined; the brain substance had broken down at the surface, to the extent of about an inch and a half in diameter, and extended towards the lateral ventricles. The lateral ventricles were filled with pus of a pale green colour. The brain outside the abscess was healthy.

A CASE OF INGUINAL ANEURYSM; LIGATURE OF EXTERNAL ILIAC: CURE.

By Major M. P. HOLT.
Royal Army Medical Corps.

This case is reported for two reasons—viz., (1) the unusual cause ascribed, together with rapid development of the tumour; (2) the unexpected results of distal ligature, together with the reasoning which led to the performance of this in the first instance.

Driver M. B., aged 36, was transferred to Royal Infirmary, Dublin, on December 26th, 1903, with a note that he "reported ill on December 17th, 1903." "Excused duty for three days, and ordered to report again on December 21st, 1903." He stated that he first felt pain, and shortly afterwards noticed a swelling in the left groin after riding over a jump about December 3rd, 1903, thus giving a total history of less than three weeks' duration.