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.
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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.
There was (on December 26th) a large swelling, presenting all the usual characteristics of aneurysm, reaching from 1 inch below to 2 inches above the left Poupart's ligament; immediately above the centre of the ligament there projected forwards, above the general level of the swelling, a small flattened cone, with apex size of a florin, where the coverings were extremely thin, and through which the finger could be easily pressed into the tumour; a very feeble pulse could be felt in the femoral below the aneurysm. It was decided to ligature, in the first instance, the common femoral only, for two reasons: (1) there would be considerable difficulty, from the short length available, owing to encroachment upwards of the tumour, in ligaturing the external iliac, and that, in any case, the ligature would be very close to the tumour; further, ligature of the common iliac is always comparatively very dangerous to the future circulation of the limb; (2) proximal ligature alone, wherever carried out, would probably fail to effect a cure, since the collateral circulation, by way of the deep epigastric, and to a lesser extent the deep circumflex iliac, would pass through the aneurysm and so prevent coagulation. It was thought likely that primary distal ligature might bring about considerable decrease in the tumour, and thus facilitate the eventual success of proximal ligature.

On January 8th, 1904, the common femoral was tied, Kocher's incision was used, being more convenient, since the tumour reached considerably below Poupart's ligament; kangaroo tendon was used, the inner coats were not ruptured. The after progress was uneventful so far as the wound was concerned, but the aneurysm appeared to increase even more rapidly than before, and by pressure produced pains in the knee-joint, which gradually became more severe.

On January 18th and 19th it was necessary to give morphine hypodermically for the relief of pain in the knee, over the front of the thigh, and in the groin; there was hyperesthesia on the outer side of the thigh. On the 19th these symptoms became so severe that the injection had to be repeated in order to prepare the skin for operation on the following day. The temperature rose on 18th and 19th to 101°, and he refused food. Meanwhile the circulation in the limb remained good and the foot warm.

On January 20th, 1904, the pain, &c., from pressure had become so severe that a hypodermic injection of morphine was necessary early in the morning, and again immediately before moving him from his bed. The cheeks had become hollow, and the facies one of extreme anxiety: he was constantly groaning and shouting. Ether was administered, and the abdomen opened by Lennander's method 1 inch internal to the semilunar line, the rectus was split near the mid line, the intestines were kept out of the way by the assistant holding the sigmoid flexure, the meso-sigmoid then acted as a fixed purdah beyond which the intestines could not pass. In exposing the artery very considerable trouble was caused by accidental rupture of the deep circumflex iliac vein very near its entrance into the external iliac; before, its appearance had been that of a fine band of fascia.
Clinical Notes

stretched across the artery. It had been displaced upwards by the aneurysm for fully 2 inches, and considerable trouble was experienced in securing it deep down on the inner side of the tumour.

The remainder of the operation presented no difficulties; the trans-peritoneal route was used, a double ligature of kangaroo tendon was applied, and tied with a "stay knot," the internal coats were not ruptured, the abdominal wall was closed by layers, according to Lennander's directions. Before applying the dressing it was noted that pulsation in the tumour had ceased. The after progress was quite uneventful, the chief feature being the perfect relief from the very severe symptoms due to pressure on nerves before operation, and the general condition began to improve at once. The dressing was not disturbed till the seventh day, when the subcuticular stitch was withdrawn; the tumour had then already considerably decreased in size, was quite painless, but presented fluctuation on deep palpation. On March 6th, though he had been up fourteen days, there was still some deep fluctuation in the tumour, which was now of very small size, and quite devoid of pulsation; an exploring needle was pushed into it, and about an ounce of thick dark blood withdrawn. He was discharged from hospital on April 13th, 1904.

On May 12th he was sent up from his station in the country for inspection; he was then in robust health; the aneurysmal tumour was represented by a very small hard lump deep in the iliac fossa immediately above Poupart's ligament, without a trace of tenderness, evidently undergoing complete absorption.

It was remarkable that the aneurysm attained such dimensions within so short a period after the initial exciting cause, which apparently was a sudden grip of the saddle when his horse "pecked" going over a jump. There was a doubtful history of old specific disease. He is now married with a healthy family; probably the sudden instinctive muscular exertion which most people have experienced under similar circumstances often enough, caused a small lesion of the internal coats of the vessel which, in this instance, could hardly have been normal, and in this way the rapid increase may be accounted for.

The aneurysm appeared to take on a new lease of life after the distal ligature, and thus presented a result totally different from that anticipated.

AN OBSCURE CASE OF AMBULATORY TYPHOID.

By Lieutenant-Colonel N. H. Forman,
AND Captain R. Selby.
Royal Army Medical Corps.

Private H., age 21, total service two years, nine months in India. Admitted to Station Hospital, Bangalore, September 17th, 1904. First felt unwell on September 16th. The appended chart in a great measure