College Hospital, in 1887, in one of the surgical wards of which I was dresser at the time. In July last, by the courtesy of Mr. Heath, the Surgical Registrar, I was enabled to look up the notes of the case and make the following brief extracts:

"Mary Annie Austen, aged 40, born at Horsmonden in Kent, where she lived until she was 18. From then till she was 21 she was in domestic service at Gravesend, then she married, and lived at Erith for the next nineteen years.

"On October 17th, 1886, she passed three pints of blood in twelve hours with her urine, and came up to the Gynaecological Department of University College Hospital. She was examined by Dr. Graily Hewitt, who put in a pessary.

"February 17th.—Admitted to hospital under Dr. Hewitt, having passed blood at intervals since October.

"March 14th.—Examined by Mr. Hill under an anaesthetic. Finger passed into bladder, but nothing abnormal was felt there; the right kidney seemed much enlarged.

"March 31st.—Transferred to surgical ward under Mr. Hill.

"April 4th.—On microscopic examination of urine oval bodies found. These were referred to Sir Victor Horsley, then Professor of Pathology, and were pronounced to be the ova of bilharzia.

"April 17th.—Embryos hatched from ova.

"June 14th.—Discharged. No bleeding had occurred since April 30th. No ova found for a fortnight before discharge."

The points to notice are:

1. Sex of patient.
2. She had never left England.
3. The case occurred many years before the South African War.
4. The difficulty of diagnosis, the case being in turn considered: (i.) uterine, (ii.) renal, and lastly (iii.) bilharzia.
5. The case got well without special treatment.

A CASE OF ABSCESS OF LIVER.

By MAJOR J. B. BUCHANAN.

Royal Army Medical Corps.

Lieutenant S. C., aged 30, R.G.A., was admitted to the Station Hospital, Darjeeling, on August 20th, 1904, with symptoms of appendicitis. He had been ill for four days.

Previous History.—He arrived from Calcutta a week previously, and had only returned from England in June, where he had been on sick leave, having been invalided the previous December for malarial fever. On his return from sick leave he stated he suffered from attacks of fever similar to what he had been invalided for. He had served in India for
one year altogether, but had previously been in the Colonial Service in South Africa for seven years. He was of temperate habits and had never suffered from dysentery.

**Condition on Admission.**—Patient had an anxious pinched expression, with sallow complexion. He lay on his back with his right leg drawn up, and complained of severe pain in the right iliac fossa, referred chiefly to McBurney's point. The bowels were confined, tongue very coated, temperature 99°F.; the previous evening it was 101°F. The abdomen was distended and any movement caused pain. There was no enlargement of liver or spleen.

**Progress of Case.**—He was given an enema and ordered small doses of sulphate of magnesia, with a result that the localised pain gradually disappeared. He now complained of vague abdominal tenderness, more especially in the epigastrium. The temperature continued to show an evening rise to 100°F. and 101°F., with a fall to normal in the morning. There were no rigors or feeling of chilliness. Quinine was given in large doses and the temperature remained normal. He appeared to be doing well, and his appetite had returned and the tongue was cleaning, when, on the morning of September 4th, I was hurriedly sent for and found him suffering from paroxysmal attacks of acute pain over the epigastrium, which was only relieved by morphia, hypodermically. He had a recurrence of this pain on the fourth day following; the temperature remained normal.

As he appeared to be steadily losing ground I determined to explore the liver, and on September 10th the liver was aspirated, and on the fifth puncture an abscess was found in the left lobe surrounded by dense tissue causing difficulty in pushing the needle through.

The subsequent history is one of rapid convalescence; the tube was removed on the tenth day and he left hospital on October 18th, having gained two stones in weight and, as he said, in better health than he had been for years.

This case is interesting, as I fully believe the abscess of the liver was of long standing, as shown by the denseness of the capsule surrounding it and by the indifferent health of this officer for the previous twelve months. On admission he had all the symptoms of appendicitis, which effectually masked any symptoms of liver disease. The temperature for ten days preceding the operation had remained normal.