Patient was taken to the theatre and anaesthetised with chloroform. He took the anaesthetic well. The skin having been disinfected I inserted an aspirating needle, 3 inches long, into the lowest intercostal space in the anterior axillary line, and pushed it on into the liver; instantly there was a loud hissing noise as of air being sucked in, and the patient's respiration stopped at once. There were one or two feeble pulse beats felt at the wrist, and then they stopped also. I put my thumb over the end of the needle to prevent further air entrance. When the air rushed in the right side of the patient's face twitched sharply for a moment, and his pupils widely dilated. His face turned livid. He never recovered in spite of artificial respiration, stimulation by the electric battery, and injections of strychnine and ether.

Post mortem, performed by Lieutenant E. T. Harris, I.M.S.—The thorax and abdomen being opened in the usual manner, it was perceived that the peritoneal cavity was full of blood—a pint and a half was collected and measured. Heart: The right cavities of the heart were filled with spumous frothy blood and air bubbles. With this exception it was normal. Lungs: Base of right lung slightly adherent to the diaphragm above an abscess in the right lobe of the liver. Otherwise lungs were normal. Spleen: Normal. Kidneys: Normal. Intestines: Normal. Liver: Weight 116 ounces, much enlarged. The needle puncture was in the right lobe, 2 inches above lower margin. There was a small blood clot adherent to the puncture. On cutting down upon a probe passed into the wound it was found that a large branch of the portal vein had been opened. On squeezing the liver frothy blood and air bubbles issued from this vein. The upper portion of the right lobe was occupied by an abscess, the size of a child's head, filled with whitish-creamy pus, and surrounded by a thick fibrous wall, about a quarter of an inch thick. There were 32 ounces of pus. Death was due to anaemia of the lung and brain, consequent to the failure of the heart to keep up circulation.

A peculiar feature of the case was the almost entire absence of any symptoms arising from such a large liver abscess. From the size of the abscess and thickness of the wall it must have existed for at least three months, during which time he went about his work and apparently had no symptoms beyond feeling a little "off colour." I have not heard or read of a similar case.

CASE OF ANEURYSM—LEFT INTERNAL CAROTID—WITH GLAUCOMA OF LEFT EYE.

By Captain J. Matthews.
Royal Army Medical Corps.

History.—The patient was kicked by a horse on the left side of the head just above the zygoma on July 22th, 1905; he did not lose consciousness. About a week after the injury he developed a squint in the left eye which lasted a fortnight. In September, 1905, the patient noticed that
the eye began to get red, and at the same his vision became impaired. He was ordered to Secunderabad, and sailed for India on September 21st, 1905. On the voyage out he felt a buzzing sound, intermittent in character, in the left side of his head and face, most marked in the region of the zygoma. He did his duty for about three weeks in India, and was then sent sick by the medical officer of his unit owing to the congestion of the conjunctival vessels of his left eye. He was invalided home to England, arriving here on June 9th, 1906.

Condition on Admission.—Right eye: Normal, vision 5. Left eye: Vision deficient; could only count fingers with difficulty at close quarters. Eye slightly prominent, pupil dilated and slightly oval, veins of conjunctiva swollen, tortuous, and purple in colour, with a purple zone in ciliary region.

Tension.—Greatly increased.

Fundus.—Disc capped right up to margin; vessels thin from compression, media clear.

Eserine was instilled into the eye, but the pupil only partially reacted to the drug.

Head Symptoms.—Patient complains of an intermittent buzzing sound in his head on the left side. No external swelling could be made out, nor could any pulsation be discovered on palpation. On auscultation a well-marked bruit, synchronous with the cardiac systole, could be heard over the pterygoid region, the lower part of the mastoid process, and the upper part of the posterior triangle. The bruit was not audible over the orbit, nor over the frontal or parietal bones, but could be heard slightly a little way above the zygoma. There was no sign of interference with the circulation in the vessels of the orbit, nor any bulging or throbbing of the connective tissue. The bruit could be stopped completely by compressing the common carotid. The patient said he had had no pain except in his eyeball, which he said had given him neuralgia. He was, as a matter of fact, restless and irritable; his pulse was rapid and greatly increased on exertion.

On June 20th, 1906, chloroform was administered and an iridectomy performed, the knife being entered well behind the corneo-scleral margin, and a large segment of the iris removed. There was a good deal of hæmorrhage at the time of the operation and the patient had recurrent attacks of bleeding into the anterior chamber during the following week. He was very restless and difficult to keep quiet.

On June 30, 1906, chloroform was again administered, and Major Holt, D.S.O., ligatured the common carotid at the level of the cricoid cartilage. After he had got over the effects of the anaesthetic iodide of potassium was freely administered for a fortnight, when it had to be discontinued owing to its toxic effect on the pulse, which became feeble and rapid.

The patient made an excellent recovery after the operation. All trace of the bruit has disappeared and the patient says he can feel nothing of
the buzzing sound—in fact, he says he feels quite well. He is bright and cheerful, a state of mind that contrasts materially with his condition on admission. The vision in the left eye has improved and tension is normal.

A CASE OF INTESTINAL OBSTRUCTION DUE TO HYPERTROPHIC STENOSIS OF THE LARGE INTESTINE.

By Captain F. J. Palmer.
Royal Army Medical Corps.

The following case seems worthy of note, if only on account of the very unusual lesion disclosed by operation.

Sergeant M., 1st Worcester Regiment, was admitted to hospital at Templemore, on May 28th, 1906, with constipation of four days' standing, intestinal pain and vomiting.

Previous History.—One of constipation off and on for twenty years. Has had several similar attacks, but none as bad as the present one. States his age is 28, but looks older and is anaemic and cachectic. At first purgatives and enemata had no effect, and on May 19th he was in great pain, with marked distension of the abdomen, neither faeces nor flatus being passed per rectum. Morphia given hypodermically to relieve pain.

May 20th.—Passed a good night. Looks better. Distension less. A turpentine and soap and water enema acted well.

May 25th.—Discharged hospital. No evacuation without enemata. Ordered an aperient and carminative mixture.

May 31st.—Attending daily for enemata. Distension continues.

June 6th.—Still attending. States he is getting worse. Bowels acted on slightly by enemata.

June 16th.—Transferred to the Royal Infirmary. On admission the abdomen was enormously enlarged and tympanitic all over. The distension was nearly equal on both sides, though when first examined the right side was a shade larger, but on shifting of flatus the left side became the bigger. The course of the colon was marked out in both flanks by a rounded ridge more than a hand's breadth broad, and a similar belt connected the ascending and descending portions at the level of the umbilicus. No peristalsis was visible. Above the pubes a hard mass, most marked under the left rectus insertion, was felt, but owing to the great distension and hypertrophy and tenseness of the recti muscles, it was impossible to make out any more. Patient was spare, anaemic, and somewhat cachectic-looking, but there was no vomiting, and his condition was not immediately serious. The tongue was very little furred, and the pulse good and regular. He was placed on plain milk diet, and ordered 2 ounces of magnesium sulphate in saturated solution, which produced no effect.