mercury solution laid on and strapped, a pad of cotton wool, and immediately, and nothing by the mouth for the following ten days, and which was greatly relieved by morphia on the twelfth, and again on the thirteenth day after the operation. Upper and outer part of the wound, nothing unfavourable a month after the operation.

Idiosyncrasy with regard to antipyrin.

By J. Taylor Rose, M.D.

Having lately had a patient suffering from migraine in the Isle of Thanet, I prescribed fifteen-grain powders of antipyrin to be used as a preventive against the attack. She had only taken one of the powders when she experienced the following symptoms, told in her own words. They were as follows: "On June 5th I awoke with a slight headache and took a powder about half an hour after a light breakfast. About eight minutes after taking the powder I felt great nausea; then I had a most violent attack of sneezing, which lasted for some time, with temporary catarrh from eyes and nose. I also suffered from queer voice and great difficulty of breathing. The headache had gone, and my head felt the best part of me. Gradually I got my breath back, and my chest and throat got relieved, but my voice was gone for the rest of the morning." There was no itching of the body, nor was there any rash as far as the patient knows. There was no coppery taste in the mouth, nor were there noises in the ears. The sickness from the migraine disappeared, and the headache did not return. Not having seen the patient under the influence of the antipyrin, I was unable to elicit any other symptom from her. There was no gastro-enteritis. The patient before she complained had a cold, and had a second headache, and took half a powder. This produced no ill effects; it only partially relieved the headache and made her feel sleepy. According to Professor See, the use of antipyrin is not followed by sleep or nervous stimulation. Professor Letting that he had previously been treated for enlargement of the liver was very much enlarged, and the dulness extended from the level of the nipple to about two inches and a half below the ribs. A little to the right of the ensiform cartilage there was a distinct swelling raised above the surrounding skin about a quarter of an inch, which was entirely painless to the touch; he also complained of weakness of the right shoulder. There was considerable bulging over the whole of the hepatic region. I diagnosed hepatic abscess. A mixture was prescribed, containing chloride of ammonium, a solution of potash, and nitric acid. I saw him a week afterwards, on Sept. 14th, when the tumour was slightly increased in size, and fluctuation well-marked. I passed the needle of a hypodermic syringe into the abscess and withdrew a syringeful of flaky pus, interspersed with a chocolate-coloured material. This was examined microscopically, but no "hooklets" were visible. I thought it might be hydatid disease. I determined upon the aspirator, and accordingly did so on Sept. 18th, when twenty ounces of the same kind of material were withdrawn, which relieved the patient. After the operation there was no elevation of temperature, and no ill effects followed. There was no diminution in the dulness after the evacuation of the abscess; at least it was not perceptible. The mixture was continued, and the patient was fed on light, nutritious diet, and a pill containing a quarter of a grain of podophyllin administered every alternate night to the bowels. He was operated on again, and the abscess was made, with antiseptic precautions, about two inches in length from the ensiform cartilage, parallel to the last rib; this gave exit to about five ounces of pus, mixed with the same chocolate-coloured material. A full-sized drainage tube was inserted, and the cavity of the abscess measured about six inches in depth. The wound was dressed with carbolised tow. The temperature was normal from the first operation, and the hepatic dulness 100/3 subsequently. The only complication that followed was a rather troublesome cough, but this gradually subsided. The discharge continued for two months after the operation, and from time to time there were several pieces of what appeared to be liver substance discharges through the drainage tube. The cavity of the abscess was washed out with warm iodiised water (1 dr. of iodine to 8 oz. of water), and afterwards with a weak solution of iodised phenol. The temperature was normal, and no other signs of inflammation followed. The dulness disappeared. The subsequent progress was in every way satisfactory, and the recovery complete. At the present time the patient is in perfect health.

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A CASE OF CYSTIC MYOMA OF THE UTERUS; HYSTERECTOMY; RECOVERY.


E. N. — aged thirty-seven, a lady's maid, was sent by her mistress to me on Jan. 21st as a case of "ovarian tumour." She was on that day admitted into the Norwood Cottage Hospital under my care. Her family history is unimportant. She had scarlatina when a child, but otherwise was healthy until four months before she first felt a deal of irregular pain in the abdomen. As this lasted some weeks, she went to a surgeon, who examined her, and told her she had a tumour. The pain got better, and she thought nothing more of the tumour until four months before admission, when she first began to suffer. For the past six months the time was always quite regular, and had no leucorrhoea. From this time the pain grew worse, and the discharge at her periods became profuse and exhausting. Two months later she first felt a stool tumour in her left side, and now she had a deal of pain. On admission to the hospital, I found her to be a tall, spare woman; complexion sallow; eyes dark in colour, dusky, almost pigmented about her eyes and forehead; she looked old for her years, and was somewhat