mercury solution laid on and strapped, a pad of cotton wool, and a spica completed the dressing. He had a morphia injection immediately, and nothing by the mouth for the following twenty-four hours. With the exception of a troublesome hiccough (which commenced on the 20th and lasted for eight or ten days, and which was greatly relieved by morphia subcutaneously), and of a slight oozing of pus from the upper and outer part of the wound, nothing unfavourable happened subsequently. The bowels acted copiously on the twelfth, and again on the thirteenth day after the operation. Having been fitted with a truss, he resumed his ordinary occupation, which is not of a laborious character, in less than a month after the operation.

Remarks.—It will be noticed that there was entire absence of impulse on coughing (which, of course, is usual in acute strangulation), and of pain on manipulation of the hernia whenever sought. Both symptoms were easily explained by the conditions found. The sensitive small knuckle of intestine was protected from one's fingers by a good thick covering of omentum.

Liverpool.

IDIOSYNCRASY WITH REGARD TO ANTIPYRIN.

By J. TAYLOR ROBB, 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 sensations at the back of my neck and up my head, extreme tightness of the chest and throat, with loss of 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 hoarse 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 communicated with me again 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 Sée, the use of antipyrin is not followed by sleep or nervous stimulation. Professor Lépine considers that it is both an anodyne and nerve stimulant, so that its action is opposed to morphine in that it relieves pain without depressing the higher brain centres. Whether the sleep is the result of the relief from pain in these cases it is impossible to say. I have never seen a patient complain of sleep after a large dose of antipyrin—only after a small one, such as five grains. Although in large doses it acts as a nerve stimulant, in smaller ones it may have some soporific effect.

Elizabeth-street, Eaton-square, S.W.

A CASE OF TROPICAL LIVER ABSCESS; ANTISEPTIC INCISION AND DRAINAGE; RECOVERY.

By FRED. W. ALLWRIGHT, M.D., L.R.C.S.I., &c.

THE following case may be of interest as an addition to those reported by Surgeon-Major Stevenson in THE LANCET of June 9th.

Richard H—, late Royal Artillery, aged twenty-seven, had been in India for a period of four years. He had had dysentery, but never syphilis, and was of temperate habits. He consulted me for a swelling over the region of the liver, stating that he had previously been treated for enlargement of that organ and dyspepsia. I made a full examination. The tongue was furred and the bowels constipated. 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 tender to the touch; he also complained of pain under 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 nitro-muriatic 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 tumour, and withdrew a syringe of flaky pus, intermixed with a chocolate-coloured material. This was examined microscopically, but no "hooklets" were visible. I thought it might be hydatid disease. I determined upon using 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 regulate the bowels. No further treatment was adopted until the following November, when the bulging over the liver was found to be increased in size. The patient, making no progress towards recovery, was anxious to have something further done. An operation was decided upon. On Nov. 21st chloroform was administered, and an incision 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 carbolic tow. The temperature was normal the evening after the operation, and never rose above 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 discharged through the drainage tube. The cavity of the abscess was washed out with warm iodised water (1 dr. of iodine to 8 oz. of water), and afterwards with a weak solution of iodised phenol. The cavity gradually contracted, and the greater part of 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.

The case is interesting from the large size of the abscess, and the comparatively slight constitutional disturbance which it caused.

Claytons, Bourne End, Bucks

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

By H. G. PLIMMER, M.R.C.S. ENG. &c.

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 no illness until four years ago, when she had a good 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 the pain recurred. She was up to this time always quite regular, and had no leucorrhœa. From this time the pain grew worse, and the discharge at her periods became profuse and exhausting. Two months later she first felt the tumour in her abdomen herself. She had no vomiting and no metrorrhagia. She gradually got weaker, had more pain, and finally became unable to do her work. On admission to the hospital, I found her to be a tall, spare woman; complexion sallow, very dusky, almost pigmented about her eyes and forehead; she looked old for her years, and was somewhat

grey. On examining the abdomen, a pear-shaped tumour could be felt, which was symmetrical and quite central. It extended to just above the umbilicus, and was movable. It was soft, and gave distinctly the feeling of fluctuation. The aortic impulse could be seen and felt. On examination per vaginam, the os could be felt very high up, pointing almost backwards; a large soft mass could be felt posteriorly to the uterus, which was movable only with the tumour. The uterine arteries could be felt in the vagina. The sound could not be got into the uterus, and a small catheter would only pass for about an inch. On Jan. 24th I punctured the tumour midway between the umbilicus and pubes in the middle line with the smallest aspirating needle. Nothing but a few drops of blood came, which confirmed the diagnosis of the tumour being uterine. Believing it to be a fibroid, it was decided to remove the uterine appendages. Accordingly, on Jan. 28th, with the assistance of Drs. Sydney Turner, J. H. Galton, Miller, and Deyns, I began this operation. Chloroform was administered. An incision three inches long was made in the middle line, and the peritoneum opened in the usual way. The ovaries could not be reached on account of the size of the tumour, which was reddish in colour, and so soft and fluctuating that we felt certain it must contain fluid. We tapped it with an ordinary trocar; nothing came but blood, and this was stopped, with much difficulty, with the cautery. It still felt to us so certain that there was fluid within it that I punctured it with Spencer Wells's ovarian trocar, and still nothing came. We then unanimously decided to perform hysterectomy. I enlarged the incision up to the umbilicus, and down to the pubes, and, with a great deal of difficulty even then, drew the tumour, which was nowhere adherent, out of the wound. The ovaries and tubes could then be seen and felt, and both were found to be diseased. We decided to remove them with the tumour and uterus, which were indistinguishable one from the other. Koeberlé's serre-nœud was applied so as to include the tumour, ovaries, and tubes, and was screwed up. The whole was then amputated. A large quantity of blood from the tumour escaped into the pelvis, which was then irrigated with plain water at 110° until the blood was washed out. The stump was secured in the lower angle of the wound, and two hare-lip pins passed through it just above the wire. Five deep and four superficial sutures of carbolised silk were put in, and the wound dressed with sublimate wood-wool. The urine was drawn off for eight days after the operation, and the bowels acted on the eighth days by means of enemata. She had some cystitis, and the bladder remained irritable until sixteen days after the operation. The hare-lip pins (used because the right pins were not available) caused great irritation, and were removed on the eighth day. The sutures were removed on the ninth and tenth days. The serre-nœud with the stump came away on the eighteenth day. The temperature was 103° before the bowels acted, and on two days during the attack of cystitis it was 101°, otherwise it never exceeded 99°. She left the hospital on March 10th, and is now quite well. The tumour weighed 5lb. 8oz. It was a so-called cystic myoma, the myomatous fibres being opened up by spaces, having no proper lining, and containing a mucoid substance.

Norwood.

WESTERN OPHTHALMIC HOSPITAL.—In aid of the funds of this institution a meeting was held on the 18th inst. in the Portman Rooms, Baker-street, Sir Michael Hicks-Beach presiding. During an existence of thirty-two years the hospital has relieved 54,000 poor sufferers, and there had been 300,000 separate attendances. The annual expenditure was only about £700, and last year 54 in-patients were admitted, while the out-patients numbered 1926. The annual subscriptions now were not more than one-fifth of the outlay, small as it was. An additional yearly subscription of £150 was required in order to utilise properly all the ten beds. The chairman earnestly appealed for public financial support; following which several resolutions were proposed, and the meeting terminated.

ROYAL EDINBURGH ASYLUM.—The following candidates passed the examination for the certificate in Psychological Medicine on the 18th and 19th inst., by the examiner of the Medico-Psychological Association of Great Britain and Ireland:—E. F. Armour, M.A., M.B., C.M. Edin.; John Bruce; H. C. Chapman, M.B. Lond.; P. C. Evans; J. H. W. Laing, M.A., B. Sc.; P. J. Rice, M.D.; W. A. Turner, M.B.; G. R. Wilson.

A Mirror

OF

HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. THOMAS'S HOSPITAL.

VARICOSE ANEURYSM AT BEND OF ELBOW; LIGATURE OF RADIAL, ULNAR, AND BRACHIAL ARTERIES AFTER FAILURE OF COMPRESSION; CURE; REMARKS.

(Under the care of Mr. WILLIAM ANDERSON.)

VARICOSE ANEURYSM at the bend of the elbow is so rarely met with in the surgical practice of the present day that the following account of a case, with the remarks appended by Mr. Anderson, will be perused with interest. For the notes we are indebted to Mr. T. H. Dickson, dresser.

T. P—, a carpenter, aged thirty-nine, was admitted on Sept. 1st, 1887. He stated that he had pierced his left arm at the bend of the elbow with the blade of a pocket-knife three days previously while cutting a piece of wood. The hæmorrhage, which was profuse, was arrested by the application of a tourniquet upon the brachial artery, but on removal of the instrument a pulsating swelling showed itself over the seat of injury.

On admission, a small puncture, incompletely healed, was seen nearly opposite the insertion of the biceps. A little above this point was a soft, throbbing, circumscribed tumour of about the size of a chestnut, and the neighbouring superficial veins were somewhat distended. A well-marked thrill was perceptible over the tumour and along the median, median basilic, and median cephalic veins, and could be traced in the course of the radial artery as far as the wrist. On auscultation a low rumbling sound as of a train passing through a tunnel could be heard over the bend of the elbow, and followed as a "whisking" murmur along the arterial, radial, and upper part of the ulnar arteries. The radial pulse at the wrist was less forcible than on the uninjured side. Compression of the main artery caused the venous distension to subside, but the tumour, although softer and smaller, did not disappear until emptied by direct pressure.

On the following day an Esmarch bandage was applied from the hand upwards to a short distance above the elbow, and the patient was kept under the influence of morphia. Two hours later the bandage, which caused great suffering despite the narcotic, was replaced by digital compression of the brachial artery. The vessel was commanded for six hours, but at the end of this time, no sensible impression having been made upon the aneurysm, the treatment was discontinued, and the arm was enveloped in cotton wool and placed in a flexed position upon a pillow.

An operation was performed by Mr. Anderson on Sept. 10th. The limb having been rendered bloodless by an Esmarch bandage, the integuments over the tumour were divided, and the median, median basilic, and median cephalic veins were ligatured. The deeper tissues were, however, so much infiltrated with reddish serum that it was impossible to distinguish the structures from one another, and it was necessary to replace the elastic ligature by digital compression in order that the course of the arteries might be traced by pulsation. The aneurysmal sac, the walls of which were extremely thin, was then seen to be connected with the deep median vein on the one hand, and the radial side of the bifurcation of the brachial artery on the other. It was laid open freely, and the brachial, radial, and ulnar arteries were secured with carbolised silk close to the point of division of the main trunk, the wound in the brachial lying between the three ligatures. Care was taken to avoid any unnecessary disturbance of the venæ comites. Some bleeding occurred during the early part of this stage of the operation, owing to the accidental failure of the compression of the brachial trunk, and this, together with the matting together of the parts by old extravasation and inflammatory products, rendered the process of isolation of the radial and ulnar arteries somewhat tedious and difficult.

A drainage tube was inserted, the wound dressed antiseptically, and the limb, enveloped in cotton wool,