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 hiccup (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