

the troops here, it causes much seasonal disqualification for duty; and by experience the preferable plan of meeting it seems to be transferring the garrison to the hills near, during the summer months. As an illustration of this, I might mention that in the summer of 1889 we had at Stolac a battalion of the 18th Infantry, in which at the beginning of May this disease breaking out had very soon attacked more than a hundred men. Three companies (300 men) were then sent to the hills, and amongst them only sporadic cases afterwards occurred: whilst amongst the 100 men remaining in camp, "dog-sickness" became so rife that often only 30 men were fit for duty.

During the period in question nearly all the officers remaining below were attacked, whilst at the hills all were unaffected. The indigenous inhabitants of the locality suffer much less than new-comers; the great majority of whom ere-long become affected. During the winter months the general health amends; both malarial and typhoid fevers abating and the "dog-sickness" ceasing: whilst with onset of the hot weather, these endemic maladies tend to re-appear.

In several cases of "hundskrankheit" I have seen a roseolar eruption; and then on the abdomen and thorax, just as in ordinary typhoid. Rose-spots are not, however, in my opinion of much diagnostic value; for they are often wanting, and cannot always be seen on the dirty skin of native patients. When detected, no doubt they would confirm a diagnosis; but their absence would not alone be of negative import. By long practice of bacteriological methods, I have been led for the positive diagnosis of typhoid, to rely rather upon the demonstrated presence of specific bacilli in the alvine evacuations. It is true this method of proof entails some delay, since the characteristic growth is not to be detected till the 9th day of illness at earliest; but of course upon reasonable suspicion the stools would be disinfected from the first; and in a therapeutic sense, the inevitable delay of sure diagnosis is not of greatest importance, since no specific remedy of typhoid is yet known.

During the current typhoid season, many of my ordinary typical cases were complicated with pneumonia; whilst amongst the non-typical cases of typhoid only bronchitis appeared, and that very rarely.

As regards treatment attention was directed to the symptoms present. The customary antiperiodics seemed to have but little good effect; for constipation, calomel with rhubarb was very serviceable; and in order to overcome depression alcoholic drinks were freely ordered.

Respecting etiology, I am of opinion that typhoid fever in this locality cannot be attributed to specific contamination of the drinking-

water used. At least, I have many times examined bacteriologically samples of such water; without ever detecting the presence of typhoid-bacilli. Even when at the first outbreak of a localised house-epidemic, the water was examined which every individual partook of. I could not with the greatest care find any specific organisms present. The neighbouring garrison of Ljubinje had their water-supply conveyed from the spring at Stolac and from the river Bregava during the summer season when "hundskrankheit" raged in the garrison of Stolac; and yet amongst them cases of this disease were but rare and sporadic only. I regret being unable to furnish detailed statistics of the annual incidence of typhoid here: but from all the enquiries hitherto made, one fact seems clearly elicited; namely, that typhoid affections have become considerably diminished since adequate drainage and other sanitary measures were actively prosecuted. The conservancy of the Bregava undertaken in 1882, leading to removal of large foetid stools, had for its immediate effect a reduction in the typhoid admissions from 70 cases in 1882 to 16 cases in the following year; the strength of the garrison being meanwhile unchanged. Amongst the native population, the most impoverished and uncleanly sections suffer in greatest degree: and after Sundays and holidays, and also after pay-day of the troops, the number of observed cases rises considerably: and a similar augmentation of "hundskrankheit" has been observed after rainfall. In my opinion, the immediate cause of sickness seems referable to great defilement of the porous soil, whence in some way it passes into the human organism. According to observations hitherto made by me, the typhoid-bacillus is able to live in dry ground over three months, and in soil frequently moistened more than one month. I hope hereafter to be able to obtain some more exact data on this subject of the connection between contaminated soil and endemic outbreaks of typhoid fever, as prevalent here.

PRECIS OF OPERATIONS PERFORMED IN THE WARDS OF THE FIRST SURGEON, MEDICAL COLLEGE HOSPITAL, DURING THE YEAR 1889.

BY BRIGADE-SURGEON K. McLEOD, A.M., M.D.,
F.R.C.S.E.,

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(Continued from page 130.)

MALIGNANT TUMOURS.

1a. *Epithelioma of heel*.—Hindu male, *æt* 36. Had a warty growth of right heel which was twice removed, and recurred as often. The surrounding skin is infiltrated. The diseased parts were removed by a circular incision placed well beyond the circumference of the

disease; the underlying os calcis was freely gouged out. The wound healed slowly by granulation, and he left hospital without any sign of recurrence in 96 days.

1b. *Epithelioma of the penis.*—i. Mahomedan male, *æt.* 32. Disease of four months' duration involved about a third of the free portion of the penis, which was amputated near the scrotum by Hilton's method, the corpus spongiosum being left longer than the cavernosa, the fibrous walls and septum of which were brought together by two catgut stitches. The wound healed by granulation, and patient was discharged in 54 days.

ii. Hindu male, *æt.* 50. Disease of six months' duration, involving half of the penis, which was removed in the same manner. The wound healed in 18 days. (Dr. Raye.)

iii. Hindu male, *æt.* 45. Duration one year: confined to glans and prepuce. Half of the penis removed. Recovered in 31 days. (Dr. Raye.)

iv. Hindu male, *æt.* 59. Disease appeared eight months ago, involved about one-third of the penis, one half of which was removed. Recovered in 22 days.

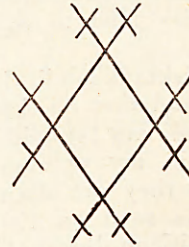
* * I have found that transfixing the penis transversely through the corpora cavernosa, and applying an elastic cord above the needle is an excellent method of controlling hæmorrhage in these cases. The needle also indicates the level of operation. I have abandoned the practice of closing the wound by stitches, having encountered several instances in which this procedure led to unhealthy action and severe local and constitutional disturbance. This was due, no doubt, to urine having obtained access to the cavity of the wound.

2a. *Scirrhus of breast.*—i. Hindu female, *æt.* 50. An ulcerated cancer of right breast of five months' duration, implicating the surrounding skin extensively and associated with diseased glands in the axilla and root of the neck. The breast was removed by an elliptical incision placed well outside of the diseased area. The affected glands were also removed from the axilla and the root of the neck through the axilla. Flaps were taken to close up the large wound; drainage tubes were inserted in suitable positions, and the wound dressed with all possible antiseptic care. The operation was too much for this old feeble subject, and she died in five days of chronic shock.

ii. Hindu female, *æt.* 35. Very hard cancer of left breast of one year's duration, ulcerated in the centre. Axillary glands enlarged. The breast was removed and axilla cleared out. The edges of the wound were brought together, but afterwards gaped, and healing took place mostly by granulation. She left hospital on the 7th of September, 67 days after operation; but returned with a recurrence of the disease in February 1890. Nothing more could be done for her. (Dr. Raye.)

2b. *Scirrhus of the axilla.*—European male, *æt.* 34. Perceived a swelling in his axilla two years ago consequent on the kick of a rifle. It has gone on increasing and broke about ten months ago. There is now a foul excavated ulcer, set in a hard mass implicating the skin. Axillary glands enlarged and indurated. The diseased mass and glands were thoroughly extirpated and the cavity healed by granulation in 26 days.

3a. *Sarcoma of male breast.*—Hindu male, *æt.* 58. Has had a tumour of the left breast of the size of an orange for the last twenty years which has been growing rapidly for the last threemonths. It has now attained a large size, measures 23 inches at the base, is tense and tender, and the surface reticulated with large veins. The skin covering it is adherent, and infiltrated; base moves freely; general health good. Anticipating free bleeding the operation was commenced by making two punctures at each pole of the tumour and passing four packing needles, 8 inches long, in the loose cellular tissue between the base of the tumour and the chest wall, so that their ends crossed as shown



in the diagram. An elastic cord was then wound round the eight ends of the needles, by which the base of the tumour was tightly constricted, and its mass made prominent. Oval incisions were made above and below in healthy skin, and as the tumour was removed, the elastic loop tightened and contracted the wound to about 3 inches diameter. Only one vessel bled that came from between two ribs. The cord was gradually loosened, and about 100 points required tying. The wound gaped to about 20 inches diameter, and the edges were brought together with some difficulty. Drainage tubes were inserted and an antiseptic dressing applied. The edges did not unite throughout by first intention. Some gaping occurred, and a little sloughing of the superior flap owing to the dragging of a stitch. Repair eventually took place by granulation. On the twentieth day an enlarged axillary gland was removed, but it was found to be cystic. There was a little constitutional disturbance after the operation. The patient improved in health and he left hospital in 83 days after the operation with no sign of recurrence.

b. *Sarcoma of forearm.*—Hindu female, *æt.* 60. Has suffered from a tumour of the under side of right forearm just below the elbow joint for two years. It was removed two months ago but recurred. The tumour is now as large as an orange. It was thoroughly extirpated together with a piece of the underlying ulna. The wound healed by granulation in 70 days.

Sarcoma of gluteal region.—Mahomedan male, *æt.* 19. The left leg was removed below the knee for sarcoma one and a half year ago; the

present tumour appeared four months ago. It is situated over the left os ilii and sacrum, is about the size of an orange and deeply placed. The tumour was exposed by a T shaped incision and removed together with a considerable portion of the underlying ilium. Bleeding was free and had to be stopped by the actual cautery. The disease could not be entirely removed. He lingered for 52 days, and died of exhaustion.

4. *Fibro Sarcoma of Upper Jaw.*—Hindu male, *æt.* 35. Malignant epulis of right upper jaw of six months' duration. The jaw bone was removed with exception of the orbital plate and malar process. The skin wound healed by first intention, and the patient left hospital in 20 days.

Fibro sarcoma of lower jaw.—i. Hindu male, *æt.* 50. The tumour of one year's growth lay over the right angle of the lower jaw. It was hard and about the size of a walnut. It was exposed by two oval incisions and enucleated. The wound healed by first intention, and patient left hospital in 22 days. (Dr. Jameson.)

ii. *Mahomedan male, æt.* 13. Malignant epulis of right side of lower jaw in situation of bicuspid teeth. Had been removed six or seven times, but always recurred. The teeth on each side were extracted, the growth removed by strong scissors and the alveolar process freely cut away by bone forceps. The wound healed by granulation, and he left hospital in 47 days without any sign of recurrence.

5. *Chondro-sarcoma of hand.*—Eurasian male, *æt.* 40. Has had a small tumour on the back of the right hand ulnar side for 15 years. During last four months it has taken on active growth. The ring and little fingers were removed together with their metacarpal bones and the tumour. Repair took place mostly by first intention in 45 days. (Dr. Raye.)

6. *Lympho-sarcoma of axilla.*—Hindu male, *æt.* 28. Noticed a nodule in the right axilla two years ago. This has grown rapidly till the axilla is distended with a large nodulated mass which is also felt above the clavicle. The mass was exposed by free incision and removed. Hæmorrhage which was profuse was controlled by pressure forceps until the points were secured by ligature. The operation was followed by pneumonia, of right base. This brought him very low but he eventually recovered and left hospital 50 days after operation. The wound gaped and healed mostly by granulation. (Dr. Raye.)

NON-MALIGNANT TUMOURS.

1a. *Elephantiasis of the prepuce.*—i. Hindu male, *æt.* 27. A case of paraphimosis with œdematous prepuce following venereal sore. The swollen and thickened prepuce was dissected off

and the edge of the skin stitched to the corona glandis. The wound healed partly by first intention and partly by granulation in 27 days.

ii. Hindu male, *æt.* 28. Elephantoid thickening of prepuce of eight months' duration, scrotum healthy. A circular incision was made near the root of the penis and the hypertrophied tissue dissected off. The prepuce was adherent to the glans, and the meatus urinarius which was contracted had to be slit. The parts healed by granulation in 27 days.

iii. Hindu male, *æt.* 23. Similar case, of syphilitic origin, similarly treated; stitches were inserted and the wound healed mostly by first intention in 29 days. (Dr. Raye.)

iv. Mahomedan male, *æt.* 50. Elephantiasis of prepuce stricturæ of urethra near meatus and scrotal fistula. The hypertrophied mass was dissected off; the urethral orifice slit, and a full sized bougie passed. This was continued every fourth day, and patient left hospital cured 66 days after the operation.

* * * These cases are very common in Bengal, and the treatment adopted, which may be called circumcision by dissection, always gives satisfactory results.

b. *Elephantiasis of the Scrotum.*

i. Mahomedan male, *æt.* 35. Scrotal tumour of eleven months' duration. 16 inches in circumference. Removed in the usual way. Recovered in 57 days.

ii. Mahomedan male, *æt.* 53. One and a half year's duration. Hydrocele of five years' standing. History of periodic fever. Removed in the usual way. Weighed 2lbs. Recovered in 64 days.

iii. Mahomedan male, *æt.* 30. One year's duration. Usual operation. Small hydrocele. Weighed 2lbs. Discharged in 67 days.

iv. Hindu male, *æt.* 38. Duration 1½ year. Penis not involved. The scrotum was removed as usual, but the penis was not decorticated. Small hydrocele. Recovered in 34 days.

v. Hindu male, *æt.* 31. Two years' duration. Usual operation. Hydrocele on right side, left tunica adherent. Weighed 2lbs. 1oz. Recovered in 60 days.

vi. Hindu male, *æt.* 20. Two years' duration. Usual operation. Right hydrocele, left tunica adhered. Weighed 2lbs. 3oz. Recovered in 75 days.

vii. Hindu male, *æt.* 35. Three or four years' duration. Usual operation. Right hydrocele, left tunica ossified; dissected off. Tumour weighed 3lbs. 12oz. Recovered in 60 days.

viii. Hindu male, *æt.* 35. Two years' duration. Usual operation. Weighed 1lb. 12oz. Recovered in 69 days.

ix. Hindu male, *æt.* 80. Admitted 21st January with scrotal tumour complicated with inguinal hernia. The hernia was cured by operation in

the first instance, and the tumour, which weighed 4lbs., removed on 27th February in the usual way. Recovered in 46 days after the last operation.

x. Mahomedan male, *æt.* 40. One year's duration. Usual operation. Right hydrocele. Weighed 2lbs. Recovered in 57 days.

xi. Mahomedan male, *æt.* 30. Had gonorrhœa 4 years ago, followed by stricture and urinary fistulæ. The tumour began to grow about a year ago. Admitted 7th February. Perinæal section performed 12th February. The scrotal tumour was removed on the 25th March. The scrotum and pubes were riddled with sinuses and urethra destroyed. The perinæal wound was enlarged and a Syme's catheter tied in. The operation was then completed as usual. Weight 2lbs. 3oz. Made a satisfactory recovery.

xii. Hindu male, *æt.* 35. Admitted with elephantiasis of the scrotum and inflammation of left testicle and tunica. The right testicle was dissected out and the left testicle which was disorganized, removed by castration. The scrotum was then taken away by a circular incision, and the remaining testicle stitched between the lips of the wound. Patient made a good recovery in 41 days. (Dr. Jameson.)

xiii. Hindu male, *æt.* 38. Case of lymph scrotum of seven years' duration and reducible right inguinal hernia of fourteen years' standing. Admitted 21st July. Both conditions were dealt with at the same time (30th July). The sac of the hernia was first exposed, dissected out, tied at the neck and removed, the pillars being brought together by catgut stitches. The tumour was then excised in the usual manner. The operation was not followed by any constitutional disturbance, and patient made a good recovery in 71 days. (Dr. Raye.)

xiv. Hindu male, *æt.* 40, twenty years' duration. Usual operation. Recovered in 48 days. (Baboo Syama Nirod Das Gupta.)

xv. Hindu male, *æt.* 43. Scrotal tumour of five years' duration. On slitting up the prepuce, the glans was found to be epitheliomatous, and the penis was amputated. The operation was then completed as usual. The parts healed kindly, and he left hospital without any sign of recurrence of the cancer in 75 days. (Dr. Raye.)

xvi. Hindu male, *æt.* 20. One year's duration. Usual operation. Large left hydrocele. Healed in 51 days. (Dr. Jameson.)

xvii. Hindu male, *æt.* 35. Five years' duration. Usual operation. Double hydrocele. Patient died of shock, from which he never recovered, on the fifth day. (Dr. Adie.)

xviii. Hindu male, *æt.* 21. Three years' duration. Usual operation. Hæmatocele on right side, large hydrocele on left. Discharged in 45 days. (Dr. Jameson.)

xix. Hindu male, *æt.* 47. Five years' dura-

tion. Usual operation. Double hydrocele. Tumour weighed 66lbs. Recovered in 48 days.

xx. Mahomedan male, *æt.* 37. Three years' duration. Usual operation. Small right and large left hydrocele. Discharged in 77 days.

xxi. Hindu male, *æt.* 24. Three years' duration. Usual operation. Right hydrocele. Recovered in 83 days. (Dr. Raye.)

xxii. Mahomedan male, *æt.* 30. Eight years' duration. Usual operation. Double hydrocele. Recovered in 61 days. (Baboo Syama Nirod Das Gupta.)

xxiii. Mahomedan male, *æt.* 40. Seven years' duration. Usual operation. Recovered in 55 days.

xxiv. Hindu male, *æt.* 50. 16 years' duration. Usual operation. Could not pass water after the operation, and in the attempt to relieve the bladder a false passage was made. This necessitated the performance of Cock's operation. He made a good recovery in 64 days from both operations. (Syama Nirod Das Gupta.)

* * * The operation performed in these cases was in every respect the same as has been described in previous reports. Great care was taken in keeping the wound aseptic and with unvarying success. The deep dressings were seldom removed until ten or twelve days had elapsed, and by that time granulation material has filled the wound to the level of the skin. The subsequent organization of this and cicatrization of the wound is a very slow process, and it is difficult to see how it can be accelerated. All the tumour, with one exception (xix) were small. Patients have now got into the habit of applying for relief before these tumours acquire great bulk. In two cases inguinal hernia existed as a complication. In one (ix) the hernia was first radically cured by operation, and the scrotal tumour subsequently removed. In the other (xiii) both hernia and tumour were operated on simultaneously. Both these cases recovered without a bad symptom. In one case (xv) epithelioma of the penis existed. It was not discovered until the preputial canal was slit up. The penis was amputated and tumour removed. The patient recovered. Stricture and urinary fistulæ complicated another case (xi); a perinæal channel for the outflow of urine was established before the tumour was removed. In another instance perinæal section without a guide (Cock's operation) had to be resorted to the day after operation to relieve a distended bladder.

c. *Elephantiasis of labia.*

i. Hindu female, *æt.* 28. A tuberculated hard enlargement of both labia majora of syphilitic origin removed by incision. The lips of the wounds were brought together with catgut. Some condylomatous growths were also removed from the anus. Discharged well in 43 days.

ii. Hindu female, *æt.* 22. Similar case, similarly treated, with similar result.

iii. Hindu female, *æt.* 25. Similar case, complicated with a recto-vaginal fistula. The tumours were removed and fistula laid open. Recovered in 31 days.

iv. Hindu female, *æt.* 25. Similar case. The prepuce of the clitoris and anterior wall of the vagina were also thickened and there were condylomata around the anus, all the thickened parts were excised. The wound healed in 10 days.

v. Hindu female, *æt.* 26. Large pendulous tumours of left labium reaching to the knee ulcerated at fundus. The elastic cord was applied as in scrotal tumours and the mass removed: edges of wound stitched after the vessels had been tied. Tumour weighed 14lbs. Recovered in 20 days.

2a. *Lipoma of forehead.*—Hindu male, *æt.* 20. A fatty tumour about the size of an orange situate in the centre of the forehead; commenced at four years of age after an injury to the part by a fall. Exposed by elliptical incision and enucleated with ease. Wound healed by first intention. Discharged in 11 days.

2b. *Lipoma of the neck.*—Hindu male, *æt.* 59. Fatty growth of three years' duration situated at the nape of the neck, size of a bael fruit. Removed by incision. Wound healed by first intention. Discharged in 11 days.

3a. *Myxoma of soft palate.*—East Indian male, *æt.* 21. A hard tumour of ten months' growth, situated to the right of the fauces and pushing the soft palate and uvula inward; mucous membrane moveable over tumour which could be felt obscurely behind the ramus of the jaw. A curved incision was made at the angle of the jaw, and another outwards and downwards from its convexity. This was deepened until the inner surface of the internal pterygoid muscle was reached. The tumour was got at by following this surface. It was enucleated by the finger and removed by two scoops. A drainage tube was inserted and the corners of the wound stitched. The tumour was found to be a typical example of myxoma. Patient recovered in 30 days.

3b. *Myxoma of the nose.*—Mahomedan male, *æt.* 63. Left nostril blocked and left nasal cavity dilated by a large polypoid mass of fifteen years' growth. It protrudes in front and can be felt through the posterior nares. The nostril was freely slit and the mass detached by chisel and scissors. A satisfactory recovery ensued in 11 days. (Dr. Raye.)

4. *Angioma of lip.*—i. Hindu male, *æt.* 18. A soft compressible swelling of right upper lip of two years' growth, size of a walnut. Hæmorrhage was controlled by two polypus forceps closed by drainage tubing tied to the handles and meeting at an angle. The growth was then removed by a Λ -shaped incision. Several vessels were secured and the lips of the wound

carefully approximated by silk and horse-hair stitches. Patient made a good recovery in 16 days.

ii. Hindu male, *æt.* 17. Has a large cavernous angioma of right upper lip of two years' duration. It was twice injected by saturated solution of tannin with partial success and finally excised by a Λ -shaped incision. A curved forceps made specially for the purpose was used to control bleeding during the two last operations.

5a. *Sebaceous cyst of scalp.*—Mahomedan male, *æt.* 60. Situated behind right ear size of an orange, commenced forty years ago. Dissected out. Wound healed by granulation in 22 days. (Dr. Raye.)

5b. *Sebaceous cyst of thigh.*—Hindu male, *æt.* 30. A cyst grew over the front of the left thigh to the size of an orange during the last two years, and was punctured by a native doctor a fortnight ago. A sinus remains. This was slit up, the cavity was laid open crucially and the wall of the cyst removed by a sharp spoon. It healed by granulation in 19 days. (Dr. Raye.)

c. *Bursal cyst of elbow.*—European male, *æt.* 26. A fluctuating swelling of the size of a hen's egg over the right olecranon process. It was aspirated but refilled and twelve days later dissected out. The wound healed by first intention in 16 days.

6. *Condyloma of anus.*—Eurasian male, *æt.* 22. The condylomata were very large and ulcerated. They were removed by scissors. Made a good recovery in 37 days.

7. *Removal of hæmorrhoids.*—One of these operations was performed by clamp and cautery, one by ligature and excision and one by scissors. In this Dr. Raye carried out Whitehead's plan in full detail. A satisfactory result was obtained in three weeks. One was a case of prolapse of the rectum in a Hindu male of 30. The disease dated from an attack of dysentery nine years ago. The protrusion measured 4 inches. Three wedge-shaped pieces of redundant mucous membrane including the skin of the anal verge, were removed by clamp and cautery. Patient left hospital apparently cured in 37 days.

8a. *Removal of diseased cervical glands.*—

i. East Indian female, *æt.* 37. Glands of left side of neck enlarged from struma, three sinuses leading to them. The glands were enucleated and sinuses scraped, the wound stitched and drainage tubes inserted. Recovered in 78 days.

ii. iii. East Indian male, *æt.* 30. Both sides affected. Required two operations at a month's interval. Recovered, detained in hospital for 27 days. (Dr. Raye.)

8b. *Removal of diseased axillary glands.*—Hindu male, *æt.* 40. Sinuses in left axilla leading to enlarged glands. These were extirpated and the sinuses scraped. Recovered in 24 days.

Sc. Removal of diseased inguinal glands.—

In some of these sixteen cases the disease was of strumous in others of venereal origin, in some of both. Sinuses existed in some cases and not in others. The disease affected one or both sides. Efforts to procure resolution had failed in all. The diseased glands were exposed by incision and removed by enucleation or dissection according to the existence or otherwise of much adhesion and matting. A satisfactory result was obtained in all the cases.

(To be continued.)

A Mirror of Hospital Practice.

A CASE OF HEPATIC ABSCESS IN AN EUROPEAN FEMALE CHILD, TWENTY MONTHS OLD.

By M. PEREIRA,

Assistant Apothecary.

ON the 29th December last I was urgently called to see A. B., the child of a Coffee and Cinchona Planter, brought from his estate on these hills with the following history :

Child had always been well and strong till the latter end of November when she passed a few slightly dysenteric motions which were readily corrected by a small dose of Castor-oil and Laudanum. On December 2nd the stools appeared clayey and deficient in bile; and as the patient was losing flesh and looking ill she was brought into Ootacamund. On the 5th she was seen by the Apothecary attached to St. Bartholomew's Hospital, who treated her for congestion of the liver. At the end of nine days finding that all liver symptoms had disappeared, and the patient was gaining strength and flesh, he allowed her to be taken back to her father's estate. Soon, however, after her return home the child began to look ill again and to complain of pain in her belly. Her mother then noticed a bulging in her right side, and an apothecary employed on some neighbouring estates was called in who, after treating the child for some days for hepatitis, advised her being brought into Ootacamund for further treatment, "as an abscess had formed on the liver."

When I saw the patient on December 29th, she was emaciated, weak, and evidently in great pain, with pinched and anxious face; waxy, but not jaundiced, skin; appetite bad, tongue furred, light brown; temperature 102° F.; respiration short and quickened. There was a pretty well defined swelling in the hepatic region about the size of a man's fist and distinctly fluctuating. It was most prominent at the 10th intercostal space where it was evidently pointing. As I had no doubt as to the nature of the case,

I gave the patient a little brandy and water, and tapped the abscess with an ordinary trocar and canula about the size of No. 5 catheter, letting out about twelve ounces of thick blood-stained odourless pus mixed with blood clots. Absorbent cotton wool and a firm flannel roller were applied, and the following mixture ordered:—

Tinct. Cinchonæ Comp.	...	m. xl
Sps. Ammoniaë Arom.	...	m. xl
Liq. Opii Sedativi	...	m. xvi
Syrupi Aurantii	...	ʒi
Aquæ	...	@ ʒii

mix

$\frac{1}{3}$ part three times a day. *Diet.*—Milk, chicken broth, toast tea, and Portwine in small quantities.

December 30th.—Slept soundly last night after many restless nights; the swelling is considerably reduced; there is slight oozing through the puncture; temperature A.M. 98.4°; P.M. 99°; bowels moved once.

December 31st.—The opening has closed; no discharge since last night; temperature A.M. 98.6°; P.M. 99.6°.

January 1st.—The abscess cavity is evidently refilling. At my request Surgeon-Major John North kindly saw the case this morning and advised that when the abscess refilled, it should be aspirated and the cavity washed out with Boracic Acid Solution grs. 10 to 15 twice daily through a piece of gum elastic catheter inserted in the opening; this however was not done, as the abscess reopened at the point of puncture a few days later and discharged freely.

January 7th.—At 2 P.M. there was a free flow of about eight ounces of thick pus tinged with blood.

January 23rd.—The abscess continued alternately to close and to discharge from one to four ounces of thick pus daily, and the patient's health slowly mended. With the object of hastening the healing process, I introduced a piece of gumelastic catheter into the abscess and washed it out with two ounces of warm solution of Boracic Acid grs. 10 to 15 morning and evening, and continued bandaging firmly with absorbent wool and flannel roller.

January 27th.—For the first three days since syringing the cavity there was a slight rise in the temperature, but it is now normal, and the abscess is evidently healing fast.

February 2nd.—As the discharge changed to a thin scanty sero-sanguineous fluid, I stopped the syringing on the 29th January and kept on firm pressure. The abscess has quite healed, and there is no perceptible difference in the appearance of the right and left hypochondriac regions.

February 13th.—As all traces of hepatic derangement have now disappeared, the child has gained flesh, eats and sleeps well, and is able to walk about freely. I permitted it to be taken back home this morning.