

enlarged prostate, &c., then I think that it is a question whether greater steadiness may not sometimes be secured by holding the knife above the hand. The section of the prostate is thus made by a steady push or thrust of the knife forward."

When the knife is used in this latter way it might be passed onwards so deeply by a careless operator (especially when the bladder is empty) as to wound the back wall of the bladder. It is to guard against this accident that the recommendation is given above to note the depth to which the knife enters the prostate.

(To be continued.)

HEPATIC ABSCESS IN NATIVES. ✓

By Surgeon J. CLEGHORN, M.D.,

Assistant Civil Surgeon, Allahabad.

THE following cases of abscess of the liver were obtained in the ordinary course of dispensary practice, during the past twelve months.

The diagnosis in six of the cases was placed beyond doubt by the use of the exploring needle, and the contents of Nos. 1, 2, 3, 5, and 6 were evacuated by an ordinary trocar and canula of small size. In No. 7 the abscess burst spontaneously.

CASE I.—Lutchman Dass, a fakeer, aged about 40 years, was admitted into the Sudder Dispensary, Cawnpore, on 21st June last, with well-marked symptoms of hepatic abscess. These symptoms had been preceded by dysentery, and latterly he was never free from fever. There was a distinct rounded swelling, in which fluctuation was detected, in the lower part of the epigastric region, and there was great enlargement of the liver, more especially of the left lobe. The abscess was opened through the swelling, and about two ounces of thick cream-colored pus were evacuated. The daily discharge being trifling, the canula was removed after a few days; and the patient left the hospital on the 4th July, apparently quite well.

CASE II.—Shewchurn Lall, Kaith, aged 32 years, was admitted into Etawah Dispensary on the 9th July last. He was a man of dissipated habits, much addicted, since youth, to the use of country spirit and Indian hemp. His health has never been good, and during the last month he has never been free from what he calls fever. He never had dysentery or other acute disease. On admission, he was in a very weak and emaciated condition, suffering much from pain in the right side and shoulder, with great difficulty of breathing. His pulse was weak and indistinct; tongue black and dry; and teeth and lips covered with sordes. The bowels were constipated. He coughed frequently, bringing up muco-purulent expectoration. The abdomen was greatly distended, and the feet were œdematous. The abdominal swelling was altogether due to enlargement of the liver; hepatic dulness extending downwards to a line drawn transversely through the navel, below which the percussion sounds were clear and tympanitic. The swelling was most prominent, two inches above the navel, to the left of the linea alba. On passing an exploring needle through this, about fifteen minims of clear watery fluid escaped. Only four ounces of thick pus passed through the canula. The patient died the same evening.

CASE III.—Buldeo, Brahmin, aged 27 years, was admitted into Etawah Dispensary, on 6th November last. During the past three years he had suffered severely from frequent attacks of tertian ague, which changed to quotidian, four months previous to admission. Fifteen days after this change in type, pain supervened in the right side, and has continued since without intermission; it is in fact the only symptom complained of, as it renders breathing difficult, and prevents him lying on the right side. He has been unable to eat any solid food during the past few weeks, and has consequently lost much flesh

and is extremely weak. He never had dysentery, but during the past ten days, he has suffered from diarrhœa, passing small and frequent motions. The right lobe of the liver can be felt, with its margin sharp and well defined, on a level with the umbilicus. There is general fulness of the side, most marked in the lower intercostal spaces, but there is no bulging of the surface beyond the level of the ribs. The trocar was passed laterally through the eighth intercostal space, and three ounces of dark-colored liquid, followed by thickish pus, flowed out. The patient died next morning.

CASE IV.—A Mussulman mohurir, aged about 40 years, came to the dispensary on 23rd January complaining of pain in the region of the liver. He stated that about the end of the previous month he had suffered from fever and dysentery. He had observed a swelling in his right side twelve days previous to the date of his coming to the hospital. There was a large diffused swelling in the epigastric and right hypochondriac regions, divided by a superficial depression, corresponding to the position of the sulcus between right and left lobes. As the patient was desirous of returning to his family in Agra, an exploring needle was simply passed into the epigastric swelling, and a small quantity of pus withdrawn. The patient was provided with a letter to the Civil Surgeon of Agra, and I have heard that he has made a good recovery.

CASE V.—Manick Sing, Thakoor, aged 28 years, occupation agriculturist, was admitted into the dispensary on 2nd March. He had enjoyed good health up till September last. In that month he was attacked with pain in the right side, soon followed by diarrhœa, fever, and rigors. On admission, both lobes of the liver were enormously enlarged, and bulging out in front. Friction sounds were audible over the whole surface. The abscess was opened at the lower part of the epigastric region, and 50 ozs. of reddish-colored pus flowed through the canula. On the 8th, 58 ozs. of similar pus were removed. The patient left the hospital, of his own accord, on the 17th March.

CASE VI.—Dharmjeet Ahir, aged 27 years, admitted on 1st April. He states that four weeks previous to admission he had gone to Furruckabad on business; and while there he was attacked with fever, which continued, without intermission, for five days. Ten days afterwards the right side became swollen and painful. He has never suffered from dysentery, and only occasionally from slight attacks of fever. The patient is weak and emaciated. He complains of great pain in the right hypochondrium. The liver is greatly enlarged and prominent. Dulness begins at the nipple, and extends downwards, on the right to one and a half inches below the navel gradually sloping upwards to the left. The swelling is most prominent in the middle of right hypochondriac region, when fluctuation can be detected. Small moist sounds at base of right lung; expectoration tough, and streaked with blood. The abscess was opened about two inches above the navel to the right, and 20 ozs. of watery fluid tinged red, and containing a few particles of flaky pus, were evacuated. This was followed by a few ounces of pure pus. On the 3rd April, 9 ozs. of fluid, similar to that first withdrawn, were removed.

Up to the 7th April, on which day the patient left the hospital, watery fluid and pus drained daily in large quantities through the canula into the dressings.

CASE VII.—Shunshae, Mussulman, aged 24 years, was admitted into the dispensary on 9th April last. During the past six months he had suffered more or less from fever; and about a month previous to admission he observed a slight swelling in the right side, which had gradually increased in size and prominence, until it suddenly burst on the evening previous to admission. There was a circular opening one inch

in diameter on the right side, between the fifth and sixth ribs. Dirty colored pus, in small quantity, exuded through the opening. The patient remained under treatment till the 18th April, without any improvement taking place in his condition.

REMARKS.—The results in the above cases were not of a satisfactory nature; only one of the five patients operated on having made a good recovery. The symptoms in the other cases were of such a serious character, and the disease was so far advanced, that recovery, from the first, was looked upon as almost hopeless; and the abscesses were opened merely with the view of alleviating some of the more distressing symptoms, such as pain, difficulty of breathing, and the feeling of distension. Tapping greatly mitigated these symptoms, and in no case did it seem to do harm. The trocar is an unsatisfactory instrument with which to operate, as with it the abscess cannot be completely evacuated; and when the canula is left in the wound, it is very apt to get displaced, necessitating fresh tappings. I have not yet had an opportunity of using Dieulafoy's exhausting syringe, but should think that it was well suited both for diagnosis and operation.

The causes of a hepatic abscess are usually stated to be dysentery, malaria, or a chill, in a person suffering from congestion of the liver. Dysentery must play a very small part in the production of such abscesses, as only two of the patients in the above seven cases had suffered from dysenteric symptoms.

Numerous fatal cases of hepatic abscess have been published in which there was no intestinal lesion; and Murchison states, as the result of his experience, that the abscesses following dysentery are, as a rule, small and multiple, similar to those met with in pyæmia, and, like them, due to purulent absorption. The Indian or tropical abscess, of which the above seven cases are examples, is a single abscess, such as we might expect would result from a well-defined local irritation.

Frequent attacks of ague produce passive congestion of the liver, but the spleen is the organ most seriously affected in malarial fevers; yet, how seldom do we hear of an abscess occurring in its tissue.

In case No. 6 of the above series, we have, I think, the true explanation of the mode of origin of many cases of tropical abscess. There, a hydatid cyst of large size, was in process of being transformed into a single or tropical abscess; a little later and the transformation would have been complete; the contents would all have been converted into pus, and nothing would have remained to connect the tropical abscess with the hydatid cyst. In a former paper, I showed that hydatid cysts are extremely common in cattle in India, and it would be a strange thing, indeed, if the inhabitants of the country never became affected with the parasite. In practice, however, we seldom meet with these cysts, and why?—because at certain stages of their development, they set up sufficient irritation in the tissues of the liver, to lead to inflammation and suppuration, and we, in practice, see them transformed into tropical abscesses.

The diagnosis is in general by no means difficult. The patient is emaciated, and has a peculiar, anxious look; there is enlargement of the liver, with localized bulging; pain in the side, accompanied with frequent and shallow breathing. There is a history of complete loss of appetite, occasional diarrhoea, rigors, and profuse perspirations. When in doubt, give the patient the benefit of it, and pass an exploring needle into the liver. In a case that came before me lately, the patient had all the constitutional symptoms of abscess, with pain in the side, and slight bulging in front. An exploring needle was passed into the liver, but no pus was detected. The man was treated with chloride of ammonium, and recovered perfectly in a few days.

For the treatment and rules for operating, see Murchison on Diseases of the Liver.

The 8th June 1873.

ON THE TREATMENT OF CONICAL CERVIX UTERI.

By J. EWART, M.D.,

Surgeon to the Presidency General Hospital.

I.—MRS. G—, aged 28 years, was admitted into the General Hospital, on the 6th May 1872, for barrenness. She has been married upwards of twelve years. She believes (doubtless erroneously) that up to the 7th year of her marriage she had had three miscarriages. During the last five years she has certainly never conceived. She complains of much pain in the loins, and suffers from bearing down pains. Sexual congress has always been accompanied by much pain. On examination, I discovered a highly sensitive conical cervix, fully an inch in length. The canal of the cervix admitted the uterine sound without any difficulty. The upper part of the vagina was much dilated. She was somewhat anæmic and hysterical. Tonics, good nourishing food, and wine, were given.

Feeling convinced that, in all probability, the hypersensitive and conical cervix was at the foundation of her barrenness and distress, I determined, in company with Dr. Barnett, Surgeon to the Viceroy, to excise about three quarters of an inch of it on the 20th of May, or the second day after the menstrual epoch. The operation was performed whilst the patient was under the influence of chloroform. There was very little bleeding. A tent of cotton well soaked in a saturated solution of glycerine of tannin was placed over the wound, and retained there by plugs of cotton. An opium suppository was placed in the rectum. The nourishing food and wine were continued. On the 24th, the plugs were removed under a cloud of carbolic spray. As there seemed to be some tendency to bleeding, the dressings were repeated as before. These were again removed on the 26th, after which the vagina was well washed out with weak carbolic acid lotion morning and evening. The water was drawn off regularly, as it appeared that she had not the power, after the operation, to empty the bladder completely. She menstruated on the 18th of June. During the initiation of this physiological process, she became very hysterical, but the excitement was perfectly amenable to moderate doses of hydrate of chloral. The menstrual flow ceased on the 28th. The wound was now carefully examined, and found to be almost covered throughout by cicatricial structure. At the margins of the os uteri there was a small circle of granulations, which bled on being slightly touched. The uterine sound passed into the uterus with the greatest facility. I examined her again on the 8th of July, and then found that the wound had quite healed up.

After this, when about to discharge the patient, she was attacked with a low form of fever, and this, with its consequences, caused her detention in hospital till the 6th of August, when she was discharged. At that time the hypersensitiveness of the parts around the os had quite disappeared. Menstruation had again occurred without pain. The sound passed along the canal with ease.

II.—MRS. L—, aged 42, an Eurasian, was admitted into the General Hospital, on the 29th January 1873, with a greatly hypertrophied and elongated condition of the cervix. The posterior lip, with a lateral portion of each end of the anterior lip, was uniformly enlarged and elongated. The exaggerated portion of the cervix was so large that it protruded through the vulva. It had caused much discomfort. On admission she was suffering from fever and menorrhagia. For these conditions appropriate remedies were prescribed, and the general health improved. It was necessary, moreover, to wait