Of these remedial measures, I have no experience. In bringing forward the foregoing cases, my object has been rather to draw attention to the diagnosis of this singular affection, than to offer or advocate any novel mode of treatment.

Wells, Norfolk, April 1853.

CASE OF ABSCESS OF THE LIVER: SPONTANEOUS EVACUATION: CURE.

By FREDERICK MASON, Esq.

CASE. Mrs. —, a laundress, aged 58, had had slight pains in the epigastrium and bowels for some weeks. She had hernia on both sides for many years, easily reducible; and she had suffered very little uneasiness from this cause. On December 20th, 1852, she did an unusually heavy day's work, continuing at it until one o'clock the following morning. On the afternoon of this day (21st), she was seized suddenly with violent pain in the left side, a little below the margin of the ribs. I saw her about 10 o'clock, p.m. She was sitting on the edge of the bed, complaining of intense pain in the left side of the umbilical region, increased on pressure, and preventing her from lying down. The skin was cold; the tongue moist; the pulse 74, and weak. She had no vomiting. The bowels had acted once on the 20th, but not on this day. The hernia on the left side was not protruded; that on the right was to some extent, but was very easily reduced. I directed her to have the bowels well and constantly fomented with flannels wrung out of hot water, and to take four grains of calomel and ten of Dover's powder directly; to be followed by an effervescing mixture of citrate of potash every four hours, and a dose of castor oil early in the morning.

December 22nd. The pain in the left side was relieved, but was more severe in the right hypochondrium, and more especially so in the epigastrium, passing through to the back and to the left shoulder. The bowels had acted twice. I prescribed one grain of calomel and four grains of Dover's powder every six hours; and ordered the mixture and fomentations to be continued.

December 23rd. The pain was not so violent, though still severe. I directed six leeches to be applied to the epigastrium, and ten minims of tincture of opium to be added to each dose of the mixture.

December 24th. The gums being slightly affected by the calomel, it was now discontinued.

December 25th. The pain had increased, and a circular swelling, about two inches in diameter and a quarter of an inch in height, had appeared in the epigastrium. The heart-sounds were very distinct and clear beneath the swelling; and there was an impulse communicated to it, but no *bruit* of any description. She complained of severe throbbing pain in the swelling. I prescribed two-thirds of a grain of solid opium every six hours. In the evening of this day, she had frequent and violent attacks of shivering, followed by cold sweats. The pain not having abated, she was ordered to continue the opium, and to apply six more leeches.

During the following week she continued much in the same state. She had occasional attacks of shivering; generally lay on her right side; and complained of numbness in the left side, especially in the arm and leg, when she turned on to her back. Morphia was substituted for opium at bed-time; but it failed to procure sleep.

January 5th, 1853. The swelling was increased in size, more tense and elastic to the feel; but I could not detect fluctuation.

January 6th. She appeared better. She said that, on the preceding evening, she felt a sensation of something bursting "with a pop" beneath the swelling; and that soon afterwards a profuse diarrhoea began. The evacuations were so offensive, that they were obliged to be thrown away immediately: they were said to be of the colour and appear-

ance of barm. The swelling was gone, and also the arterial impulse. She had no vomiting.

January 7th. She was better, and had less pain. The bowels were not so much relaxed. The motions were feculent. The tongue was covered with a moist slimy-looking fur. The pulse was weak and quiet.

January 8th. The tongue was cleaner. The appetite had improved. She complained of a very fetid-smelling and nauseous froth frequently rising in the mouth. Pulse 72.

From this time she gradually improved. Slight tenderness on pressure along the margin of the liver remained for a few days, but this soon quite disappeared. She was able to sleep well without morphia.

January 17th. She sat up for three hours. There had been no return of pain.

January 28th. I found her down stairs, doing a little light work; and I was now able to discontinue my attendance.

I have made inquiries for her lately, and find that she continues well.

5, Cleveland Place East, Bath, April 1853.

LIGATURE OF THE EXTERNAL ILIAC ARTERY FOR A WOUND.

By JAMES OGDEN, M.D.

DURING my practice as a surgeon in Rochdale, the following case occurred to me in 1825. Although so many years have elapsed since the operation, I have not seen another case recorded of tying the external iliac artery for a wound; nor have I been able to elicit from the experience of my professional friends, or from any other source, any account of a similar case. Having been often solicited to communicate the circumstances of the case, I have done so from the notes of my case-book, as an unique contribution from the records of an extensive practice of many years.

CASE. Jeremiah Crossley, aged 26 years, a stout and active young man, having provoked an irritable Irishman, a vendor of small wares, whilst stepping into a public-house, was attacked by him on coming out, and stabbed with a long sharp penknife in the right iliac fossa, about an inch above Poupart's ligament. A most frightful hæmorrhage ensued; and he was instantly dragged across the street into my surgery, in a state of syncope, apparently dead, and his clothes saturated with blood; on their removal, blood was found flowing *per saltum* from the wound.

With the assistance of my apprentice, Mr. Preston, now of Prestwich, and the late Mr. Buckley, I immediately passed a director between the peritoneum and the fascia transversalis, cutting this fascia, and the internal and external oblique muscles, so far as to allow me to introduce my finger as a guide for the better protection of the peritoneum. I carried the incision upwards for about three inches, in the direction of the anterior superior spinous process, about an inch and a quarter internal to it. The coagulum which presented itself was scooped out; and, carefully drawing aside the peritoneum and gradually separating it from its cellular attachments to the parts beneath, I was enabled to raise the artery upon the point of my finger, when the wounds in the sheath and artery were perceived. Compression with the finger retarded the hæmorrhage. The wound in the fascia was somewhat enlarged, so as to enable me to apply a double ligature, taking care at the same time not to denude the vessel of its *nava vasorum* any more than could possibly be avoided, and carefully separating the vein from the artery. On examining the state of the parts more minutely, I found that a nerve was included; this was excluded by passing a second needle, armed as before, and withdrawing the first. The artery was then secured firmly, above and below the wound; one end of each ligature was cut off close to the vessel, and the