produced in glucose, maltose, saccharose, laevulose, raffinose, salicin, inulin, dextrin, galactose, isodulcite, and arabinose. No change occurred in lactose, mannite, adonite, sorbite, or inosite. Litmus milk was unchanged after seven days' incubation.

Ehrlich's rosindol reaction was negative when tested on a six-day nutrient beef broth culture. It was not possible to examine the reaction in peptone water as the organism does not grow in this medium.

The streptococcus does not haemolyse blood, nor does it appear to have any reaction upon neutral red. It is not soluble in bile.

Vitality.

The vitality of the organism is not great. It lives in tomato broth for about ten days and for seven days in beef broth. It is killed by exposure to a temperature of 60° C. for fifteen minutes.

It is well known that certain strains of the enterococcus exhibit a preference for anaerobiosis when first isolated, but the present organism differs from the former in several important particulars. Its sugar reactions bear no resemblance to Dible's typical strain³ nor to any of the three variants. A further and more important distinction is that the enterococcus has great vitality and is thermo-resistant.

These facts, coupled with the ability to form chains, justify us in regarding the organism as a true streptococcus.

Its further classification presents some difficulty, as it does not conform exactly to any of the standard varieties. It approximates most closely to *Streptococcus equinus*, but it ferments raffinose.

Its preference for anaerobic conditions of growth seems to be fairly inherent and is not lost by artificial cultivation, if I may judge by the fact that, although a feeble growth was obtained from a culture made from the fifth generation of anaerobic cultures, the power was not retained or passed on in further generations of subcultures.

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EXCISION OF LARGE ANGIOMA OF THE LIVER IN A DIABETIC.

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It is becoming recognized that operations upon diabetics can be performed without undue risk, provided the glycosuria is in abeyance at the time of operation. I think that the following case may be of interest owing to the age of the patient, who had been suffering from diabetes for several years, the extensive nature of the operation, the absence of undue shock, and the uninterrupted recovery.

On June 17th, 1925, the patient, a maiden lady aged 76, was admitted under my care at a nursing home. She had been suffering from diabetes for several years, and the urine on a restricted, but not strict, diet contained at least 5 per cent. sugar.

She had a large hard globular myomatous uterus of about the size of a pregnancy in the sixth month, and what appeared to be a pedunculated myoma in the left hypochondrium. As she was suffering from considerable discomfort and pain in the lower limbs I had suggested that it might be advisable to remove the tumours. She was thin and looked frail, but was not emaciated. The specific gravity of the urine was 1040, and it contained 5 per cent. sugar. She was put upon a strict diet.

On June 19th the urine (sp. gr. 1020) contained a trace of sugar. On June 20th the administration hypodermically of 10 units of insulin once daily was begun. On June 23rd three doses of 10 units each were given. On June 24th the urine was quite free from sugar; insulin twice daily was begun. From this date to June 30th the urine continued to be free from sugar and the patient's condition was satisfactory.

Operation.

On June 30th, under chloroform anaesthesia as light as was possible, the abdomen was opened; the upper tumour was found to be a large dark purple lobulated mass attached to the lower edge of the left lobe of the liver by a peduncle of liver substance which was about 3½ inches broad and 1½ inches in thickness. The transverse colon was lying between the tumour and the big uterine myoma.

I removed the liver tumour by cutting through the pedicle and suturing the anterior to the posterior edge. The haemorrhage was very insignificant, only one artery in the middle of the pedicle had to be secured, and the excision was rapidly performed. I then

removed the uterine myomatous mass by amputating through the cervix in the usual manner. The liver tumour, which was a cavernous angioma, weighed 1 lb. The myomatous uterus, which was partially calcified, weighed 3 lb. The whole operation took less than an hour. There was very little haemorrhage and no perceptible shock.

The patient had a fairly comfortable night, but vomited several times; she was given sips of water and weak tea. Next day she felt comfortable except for a tendency to vomiting; the urine contained 5 per cent. sugar, and was loaded with acetone; rectal saline and sodium bicarbonate were given. On July 2nd she was given feeds of water, coffee and toast, milk, diabetic bread, cauliflower, and 15 units of insulin was administered during the day. She felt much better; the sugar was much less, but the acetone was still abundant; there was no aceto-acetic acid. Next day milk was added to the diet, and on and after July 4th 15 units of insulin was given three times daily and more liberal diet. The acetone was much less. On July 7th she was allowed a fairly liberal diet, including custard, and mutton or sweetbread. Neither sugar nor acetone was present in the urine. Insulin was reduced to 12 units three times daily on July 9th, and this quantity was given twice daily. She left the nursing home eighteen days after operation. She felt well and comfortable, and the urine was free from acetone, but sometimes contained a little sugar.

The patient is now, eighteen months after the operation, in fairly good health, but as she is not careful about the diet the urine constantly contains sugar.

The tumour of the liver was a cavernous angioma of the kind described as due to dilatation of existing blood channels and atrophy of liver cells. These tumours may be multiple, but are more often single. The edge of the liver near the falciform ligament is not an uncommon situation, and they are sometimes pedunculated, as in this case. A microscopical section showed large intercommunicating cavernous spaces lined with endothelium and separated by fibrous tissue; no trace of liver tissue could be seen except in the pedicle.

Death has been known to occur from rupture of an angioma of the liver, and a few cases have been removed by operation. But the condition seems to be uncommon, though possibly less so than might be expected from the small number of cases recorded.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

AN OCCUPATIONAL SWELLING.

A PROFESSIONAL violinist was brought to consult me about a swelling below the angle of the jaw on the left side. It had been noticed for the last three or four years, and had increased slowly in size, but gave rise to no pain or discomfort.

The appearance of the swelling, which is shown in the accompanying photograph, suggested an enlargement of the tonsillar lymph gland. However, the enlargement was entirely due to a thickening in the subcutaneous tissues, adherent to the overlying skin, but freely movable over the deeper structures. It was firm, had no definite edge, did not fluctuate, and was not translucent. The overlying skin was normal, and there was no enlargement of the lymphatic or salivary glands on either side. The tonsils were small, and healthy.

This is apparently a fibrofatty pad developed in response to repeated pressure, analogous to that which is seen on the shoulders of deal porters. It is situated exactly on the area of skin which rests upon the edge of the violin when this is steadied between the angle of the jaw and the left clavicle. I have not seen a description of this condition.

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