During life in jail the man was in bad health from extreme anæmia and diarrhœa. *Post-mortem* at 9 A. M.—Pupils dilated; conjunctivæ not congested. No froth at nose or mouth. Tongue not protruded beyond the teeth. Nails faintly blue-ish. The mark of the rope is low in front, and disappears towards the middle behind from each side. In front it crosses the thyroid. It is purplish red and wrinkled, and the edging skin is frayed. There is no ecchymosis in it or below the skin in it. The knot was behind. Fat and muscle rather scanty. Omentum covers the intestine. The whole body very anæmic. Scalp not hyperæmic. *Brain.*—Surface of the brain pale and watery-looking. Brain not hyperæmic; clear fluid in the ventricles. Skull-cap medium with well marked grooves. The dark blood that comes away from the skull, &c., coagulates very loosely. *Heart*—Pale fluid in the pericardium. The right auricle is full, the left empty. The blood is fluid, except a little loose black clot in each ventricle. The right auriculo-ventricular orifice admits 3 fingers, the left 2. The valves and musculature are normal. *Neck.*—There is no injury to the carotid arteries in the neck, and no extravasation in the muscles of the neck. *Lungs.*—The lungs are dry, rather anæmic, collapsed. No ecchymosis on the lungs or heart or root of aorta. *Spleen.*—The spleen is enlarged, weighing 28 oz. 14 chts., firm, but friable, dark, with very large Malpighian follicles. It shows no amyloid reaction. *Kidneys.*—The kidneys are dark purple from congestion, especially of the pyramids. *Liver.*—The liver is pale, and rather friable, with indistinct acini. It gives no amyloid reaction. Weght 2 seers 4 chts. *Stomach and Intestine.*—The stomach is normal; the mucous membrane is in thick folds without congestion or injection. The jejunum is of a pale rose colour that fades away in the ileum. The vermiform appendix contains fæcal matter; pultaceous fæces in the large intestine, which is pale and without any ulcers. The œsophagus is normal. There is some empty arborescence at the root of the epiglottis. *Larynx.*—The rest of the larynx and trachea perfectly pale, containing no froth of any kind—only a little thick mucus. *Bladder.*—The bladder is empty and contracted. There is no drop at the end of the penis. *Genitals.*—The testicles are not hyperæmic.

Remarks.—This is an instructive case on account of the absence of signs. One would have expected all the signs to be particularly well marked on account of the slowness in dying. If this body had been sent in by the Police to have the cause of death ascertained, especially if it had been sent in a decomposed state, one would have found little on which to rest a positive diagnosis. The only points one could have seized on are (*a*) the presence and character of the mark on the neck; (*b*) the hyperæmic condition of the kidneys; (*c*) the fluidity of the blood; (*d*) the contracted state of the bladder; (*e*) the absence of signs of any other mode of death, fair or foul.

The most extraordinary circumstance is the absence of froth in the larynx and trachea. The absence of expected congestions can only be explained by the extreme anæmia of the subject.

A CASE OF HEPATIC ABSCESS.

Reported by LAWRENCE J. FERNANDEZ, P. H. A.,

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Cases of liver abscess often come under the care of the physician, and some of them are so interesting that I have thought the following notes of a case, which I took whilst a clinical clerk in the wards of the 2nd Physician of the Medical College Hospital, worth recording.

J. B., Hindu male, aged 40, was admitted on the 10th September 1882, with the following history and symptoms. Stated that he had suffered from repeated attacks of ague and dysentery since childhood. He sustained a fall on his right side a few months before admission into hospital. Shortly after this he noticed a swelling under the right costal arch, and experienced also a slight pain. The pain and swelling gradually increased. During this time he suffered from slight attacks of fever. Bowels were generally constipated. Has had internal piles for the last fourteen years. Had syphilis seventeen years ago, which was followed by secondary eruptions. Stated that he has never been in the habit of using alcohol in any form. Gave no history of dyspepsia. His general health for some time past was bad.

Condition on admission.—Complained of a dull aching pain in the right side. On examination there was found to be a tumour just below the sternum extending over the whole of the epigastric region, and below to about three inches above the umbilicus. It was not movable, and extended on the left side to a vertical line corresponding with the left nipple, and on the right side to a point about three-fourths of an inch inside the vertical line from the right nipple. The area of the liver's dulness commenced above on a level with the upper margin of the fifth (right) rib when in the lying-down position. The same line being drawn around the chest, corresponded to the line of dulness of the liver. There was slight pain on pressure. A pulsation over the tumour was visible, but no bruit was heard. The heart sounds were audible when traced from the apex towards the liver. The tumour was adherent to the neighbouring structures (costal arch and abdominal walls), and it was not possible to introduce the fingers between the tumour and costal arch or abdominal walls. The skin over the tumour was slightly œdematous, but there was no pointing. On palpation deep fluctuation was elicited. Percussion at the back part was not painful. Heart sounds were clear, pulse weak—110; breathing thoracic; slight cough with rust-coloured sputum; face anxious. There was slight enlargement of the spleen, but it was entirely separable from the tumour of the liver. Complained of a gnawing pain in the left shoulder; stools were slightly dysenteric. Does not sleep very well. Urine passed in normal quantity, but no examination was made. He was placed on half diet, stimulant mixture, and had linseed poultices applied over the tumour.

On the 15th (five days after admission) he was operated on by Dr. Chundra, who made a small incision and then introduced a pointed canula of an aspirator at the most prominent part. On turning the stopcock liquid reddish pus flowed freely along the tube. Upwards of sixteen ounces were drawn off when the pus became dark coloured. An India rubber tube was then introduced, about half an inch in diameter, after washing out the cavity and tube with carbolised lotion. The wound was dressed with antiseptic gauze and boracic lint. A circular pad and abdominal roller were then applied to keep the dressings in position. The whole of this proceeding was conducted under the carbolised spray. Took his nourishment and had three dysenteric stools that day; evening temperature 99·2° F. Was dressed in the same manner every morning; the wound and dressings always were perfectly sweet. He improved steadily after the operation. Temperature, pulse, &c., again normal; appetite improved; liver contracted, and swelling much reduced. Was discharged from hospital on the 10th October in good health. Progress from the date of operation was uninterrupted.

Remarks.—The above is an admirable instance of how liver abscesses can be connected with dysentery. The dysenteric stools became altered very soon after the abscess was emptied. On admission the man was very anæmic, and seemed to be quite exhausted. Chloroform was not administered during the operation, and there was no fainting afterwards. I fully believe that had the abscess not been evacuated, the patient would certainly have died within a few days. He was in hospital 31 days, and the very sudden cessation of all dangerous symptoms and speedy cure after the operation are well worth remembering. The speedy cure was no doubt also due to the very strict manner in which the wound was daily dressed, being always conducted with a carbolised spray, and is an example of what can be attempted with safety not only in the practice of surgery, but in medicine also, by the method of dressing after operations, which holds its own with the honoured name of Professor Lister.

Fort William, 4th July, 1883.

ETAWAH DISPENSARY.

CASES REPORTED BY ASSISTANT-SURGEON NIL RATTAN BANERJEE.

1.—*Retention of Urine from Enlarged Prostate, relieved by tapping above the pubes and keeping the opening patent with a catheter.*

Girdharie, Hindu, aged 79 years, was admitted into the dispensary on the 4th February 1883, for retention from 3 days. Catheters had been tried in a branch dispensary without