were sufficiently affected; this plan of treatment, with the addition of salines and the free application of leeches, was continued for twelve days; but still a dull, aching pain, with sensation of weight continued, deep in the epigastrium, and now a slight tumoid condition of the part, just below the ensiform cartilage was quite evident, and the skin over the whole body had become slightly jaundiced.

On the tenth day of the attack the patient experienced a slight chill, rather profuse nocturnal perspirations followed; with all this the patient retained a good amount of strength.

I now had the counsel and assistance of a very eminent practitioner, who considered the case to be a subacute form of hepatic inflammation, as yet unsubdued, but thought that by the application of blisters, etc., the occasional use of mercurials and the continuance of salines, a cure would be effected. This plan, conjoined with sufficient support, was carried out for the next seven or eight days with much apparent benefit, the pain gradually diminished and but little uneasiness was felt, excepting that of a sense of weight in the epigastrium. The patient felt himself in every way stronger and better, inasmuch as on the Sunday morning, he considered himself almost able to go to church. He requested his wife to have breakfast prepared for him down stairs. A few minutes afterwards, on getting out of bed rather hastily for the purpose of showing himself, he fell heavily on the floor, and whispered to his wife that something had burst inwardly and that the hand of death was upon him. He did not complain of pain; was covered by profuse cold sweat; syncope increased, and he expired in about ten minutes.

We obtained leave to make a post mortem examination, which revealed the cause of his sudden death. Our diagnosis led us to believe that an abscess of the liver had poured its contents into the peritoneal cavity; such however was not the case; the structure of that organ was sound and unbroken, very slight congestion only existing. The stomach, spleen and pancreas were all right, but there was purulent matter in the cavity of the abdomen; we had not yet discovered its source. After searching very carefully, we came upon a ruptured cyst or pyogenic membrane, situated in the gastro-hepatic omentum, which, after some minute dissection, we were disposed to believe had its origin in the loose areolar tissue constituting Glisson's capsule. The cavity, as near as we could judge from its size, had contained some seven or eight ounces of the morbid fluid. This cyst rested upon the hepatic artery, plexus of nerves, ductus communis choledochus, etc., and although the pressure must have been considerable, yet these important structures continued to perform their functions properly, if we except the slight amount of jaundice, caused probably by the partial obstruction of the duct. The peritoneum was but slightly injected; no pain had been experienced below the epigastric region. The usual indications of the formation of matter had been almost absent, save and except the slight chill on the tenth day of the disease. The common and well known effect of the escape of fluid from visceral abscess, and intestinal perforations into the abdominal cavity, is acute and fatal peritonitis. In the above case death followed too soon for the establishment of such conditions. The fatal result, occurring so soon after the rupture of the cyst, must certainly be attributed to shock. The fluid probably for some time had, by being bound down, caused considerable pressure, not only on the contents of Glisson's capsule, but also on the great cœliac plexus, so that it may be fairly inferred the sudden removal of that compression really constituted the shock, by disturbing the circulation of the nervous fluid, if such a fluid there be. For whilst numerous cases of death have been recorded as the result of blows on the stomach, by transmitting their force upon, and causing sudden compression of the great epigastric plexus, thereby producing sufficient disturbance of nervous action to destroy the muscular contractility of the heart, we have tolerably conclusive evidence that a like result may be caused by opposite means, as the evacuation of fluid by paracentesis, or the tapping of an ovarian cyst.

The anxious friends of the patient gave him the first thing at hand, viz, a draught of water, and, as stated, he had almost a painless death. If, instead of water, active stimulants—brandy, ammonia, etc.—had been administered, it is just possible that the cardiac paralysis might have been averted, and life prolonged for a few hours, only to be terminated in agony by acute peritonitis.