of the foetus, so that in many instances the child is still-born and even macerated.

REFERENCES.—*Zeits. f. Geb. u. Gyn.* lxxiii. *Heft* 3; *Surg. Gyn. and Obst.*, 1911, Nov.

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ALCOHOLISM.—(*See* MENTAL DISEASES.)

AMŒBIC OR TROPICAL LIVER ABSCESS. This is a serious, but now easily preventable, disease. It is always a complication of amœbic ulceration of the bowel, although that disease may be latent. In warm countries, where it is of common occurrence, the mortality in cases treated by the open operation is high, having been from 60 to 70 per cent in several hundred cases in Calcutta. In the chronic cases seen occasionally in patients invalided to Europe it is considerably less, but figures based on small numbers of such cases are very misleading. The mortality varies greatly in different classes of cases, as shown by the following Calcutta figures:—

Multiple small abscesses, usually found post mortem in cases of dysentery and hepatitis from the medical wards, are probably nearly always fatal, although it is conceivable that in a very early stage emetine may cause them to clear up, as they contain amœbæ and no bacteria, as a rule: they constitute 21 per cent of liver-abscess cases in the Calcutta post-mortem records. Two or more large single abscesses also formed 24 per cent, being almost invariably fatal, especially when treated by the open operation. Single large liver abscesses formed 52 per cent of the fatal cases when they were treated by the open operation, but are less frequent now in the post-mortem room, owing to their mortality having been reduced. Including recoveries, the proportion of large single abscesses to admissions was 70 per cent, the rest being multiple. In several hundred Calcutta cases, in those opened through the chest wall the mortality was 73 per cent, in right lobe abscesses opened through the abdominal wall in the right hypogastrium it was 59 per cent, and in the rarer small left lobe abscesses opened in the epigastrium it was only 12 per cent: a most important difference, which must be taken into account in estimating the results of any given line of treatment. In cases opening spontaneously through the lungs, the mortality before ipecacuanha and emetine were generally given was 16 per cent but is now very much less. The rare cases in which the abscess discharges into the stomach or bowel do well as a rule without operation.

In addition to the site of the abscess, the following factors influence the prognosis. If the open operation is adopted, especially in hot damp climates with germ-laden air, the larger the abscess cavity the worse the prognosis, on account of the exhausting discharges following the inevitable secondary bacterial infection of the cavity. If aspiration and emetine injections are used, the size of the cavity is of comparatively little moment, some liver abscesses containing six pints