

once daily about noon, hyperpyrexia in the evening and subnormal temperature in the morning. About Oct. 5 pain in the infra-scapular region became very agonizing, and extending downwards and forwards into the hepatic region, was worse on inspiration, cough more persistent, respiration more rapid, etc; in fact, at this stage the case presented all the symptoms of lung involvement. On examination I found dullness over right lung as high as the fifth rib in mammary and axillary regions, and to the ninth rib in the infra-scapular region. On consultation crepitation was found present with both inspiration and expiration. The area of liver dullness was uncertain owing to the marked tympanitis, but about $5\frac{1}{2}$ inches vertically. On Oct. 8 I asked Drs. J. D. Pagé and J. A. Corcoran, of Waterloo, to see the case, and we came to the conclusion that there was some pyæmic trouble probably involving the liver. His condition remained unchanged until Oct. 11, when I asked Dr. Geo. Fisk, of Montreal, to see the man. We introduced an aspirating needle in the seventh interspace at the posterior axillary line and got pus. In consideration of the fact that we obtained pus at so high a point we decided to make an exploratory incision with the possibility of revealing an old empyæmia. Accordingly (Dr. Fisk having kindly consented to operate) the patient was anæsthetized and resection of the eighth rib at the posterior axillary border made in the usual manner. On opening the pleural cavity no pus was revealed, but the lower lobe of lung was found pushed up and compressed, its usual position being occupied by the diaphragm and some firm bulging mass below it, apparently the liver. It was decided to extend the incision through the diaphragm and evacuate the pus. The two layers of pleuræ were sutured together with catgut, the diaphragm opened and the same method followed with the two layers of peritoneum. An incision was made into the liver and from 20 to 30 ozs. of brownish pus with a strong fæcal odor was evacuated. A drainage tube was inserted and incision dressed in usual manner. The patient reacted well, and for two days showed some amelioration of symptoms, particularly absence of cough, less fever and no chills.