

restless. The sweats at times are drenching. On the evening of the 21st, free perspiration lasted five hours, compelling the nurse to change night-shirt and the bed clothes several times.

The improvement which was apparent at the time Dr. Temple saw him last, on the 21st, has not continued. On the contrary he seems worse. His temperature is higher and his pulse is weaker and more frequent. He has also lost flesh perceptibly within the past week.

Dr. Osler saw the patient this morning, and was quite positive that there was pus in his liver—whether single or multiple abscesses it would not be possible to say—and advised aspirating.

Aug. 28th, 9.30 a.m. Present, Dr. Osler, Dr. McPhedran, Dr. Temple, and Dr. Sutton, of Pittsburg, who had just been seeing a patient with Dr. Temple.

After chloroform had been given, I introduced a large sized aspirating-needle just below the costal cartilages and a little within the right nipple line—the point designated by Dr. Osler—and directed it backwards and upwards at least three inches. Only a few drops of blood came away. The next point Dr. Osler suggested was in the axillary line, between the ninth and tenth ribs. I put the needle in nearly the full length, and on turning the tap, blood flowed freely and in a large stream—in fact, so large that I felt quite hot and uncomfortable till Dr. Osler assured us all that the hemorrhage did not signify—it would stop of itself almost as soon as the needle was withdrawn. About 6 oz. came away without any sign of pus.

I had gone prepared to do a laparotomy if thought advisable after the aspirating. As no pus was found with the needle, it was thought the patient ought not to be allowed to die—as die he must if he should continue to fail at the rate he had done the last week—without opening the abdomen, inspecting, palpating, and possibly draining the liver or gall-bladder. All were agreed on this point, but as he had already been under chloroform for thirty-five minutes, and his pulse was not very good, the majority thought the laparotomy had better be deferred till next day.

Aug. 26th, 2.30 p.m. Present with me, Dr. Osler, Dr. Temple, and Dr. McPhedran.

Chloroform having been given, at a point midway between the linea alba and the nipple line just below the costal cartilages, I made an incision about four inches long. The muscles and fat were quickly divided and the peritoneum opened, when the liver came into view. It extended as far down as the lower angle of the wound. On its surface was seen a small thin film of clot, while to the outer side of the incision, and along nearly its whole length, was a firm coagulum nearly as large and thick as a small hand. It had evidently come from the second puncture the day before. After removing this clot the liver came well into view, and though large, appeared normal in color. No pus sacs visible, no bulging at any point. The liver felt harder and more brawny than normal. On the anterior surface, well up under the ribs, in a line with the incision, was felt a spot somewhat softer than the surrounding surface. A similar spot, about the size of a silver dollar or a little larger, was also felt on the under surface about a finger's length above the lower border. Both Dr. Osler and Dr. Temple felt these same soft spots, and while none of us could get any fluctuation, Dr. Osler thought it advisable to put in a small aspirating needle and make sure that no pus was there. Only blood came away.

The gall-bladder was examined and appeared normal. Evidently no large amount of pus was present at any one spot. Dr. Osler felt now, after his examination, that it was a case of pyelephlebitis, one of the conditions which he thought must exist the first time he saw the patient. But, said he, there must have been a starting point for the pyelephlebitis, and with a view of finding it, he made a digital exploration of all the organs within reach through the four inch opening. The pancreas, kidneys and capsules, spleen, and gastro-hepatic omentum, were carefully felt in turn and nothing abnormal found. He then introduced his hand and arm and felt for the cæcum and appendix. It was not found at the usual site, but after patient search he exclaimed, "Here it is, and a thick inflammatory wall about it. This is the origin of his liver trouble."

Absolutely nothing could be felt from the outside, even after the mass was located by Dr. Osler. He said the mass was about the size of a very small orange, and evidently included the