F., pulse 114, and she was resting easily. The cavity was flushed out daily with warm boracic solution, and the discharge soon lost its offensive odour. The respirations continued to be frequent, and the temperature fluctuated between 99° and 102° F. On the 17th and two following days the patient was given anti-streptococcic serum hypodermically, but with no appreciable result. She continued to expectorate fetid pus and experienced much difficulty in breathing. Collapse set in on the 21st, and death occurred at 5 a.m. on the 22nd, eight days after admission to the hospital.

A partial autopsy was performed by Dr. W. T. Connell, and his concise report, which follows, will prove interesting, throwing light upon a somewhat rare sequence of pathological conditions.

The thoracic and abdominal organs were removed entire and examined after removal.

In the eighth interspace, left side, in the axillary line, there was an operation wound, two inches long, through which pus was discharging freely. This opened into an empyema sac, surrounding completely and replacing lower lobe of left lung, which was firmly compressed. This sac had thick, firm walls, and was certainly of some months' duration. It was found that at the operation an opening had been made through the diaphragm, opening up a localized large abscess sac about spleen. The old empyema sac was found to lead to this sac by a small opening near oesophagus through diaphragm. This lower abscess sac, opened at operation, completely surrounded the spleen and was walled off by adhesions between the left lobe of the liver, the abdominal parieta, cardiac end of stomach, transverse colon, the sac reaching exactly to costal margin and retired going down to, but not involving the capsule of left kidney. A portion of the upper part of spleen (which lay suspended by the gastro-splenic omentum in the abscess sac) was gangrenous. This sac was well drained by the incision and tube through diaphragm. Above the old empyema sac on left side there was a recent (certainly not more than ten days') sac lying mainly behind the upper lobe of the lung and walled off by recent adhesions about two inches from costal margin anteriorly. This sac contained sero-pus and also a fetid gas. The small portion anteriorly of the upper lobe of left lung, which still was acting, was the seat of a very recent