

angle of the left scapula. On January 9th, 1904, it was incised and pus and blood were evacuated. Although dressed regularly and kept clean, the wound showed no tendency to heal, but frequently bled freely. On account of this tendency to remain open, a second, freer incision was made, and this time no pus was found, but the bleeding was profuse. Drainage was used, and bleeding persisted, but the wound showed no evidence of healing. The patient lost flesh and strength rapidly and became very pale and sallow. Two weeks before admission she began to suffer from attacks of faintness, with coldness of the extremities. It was for this that hot water bottles were used, and they caused sloughing of the superficial tissues in the left axilla. The personal and family histories contain nothing bearing on the present illness.

Present Condition.—The patient is a poorly nourished, pale, emaciated woman; the mucous membranes are pallid, the skin almost of a lemon tint. She appears dull and lethargic, speaks very little, and complains of no pain.

Circulation system pulse rapid, 120 irregular, small and weak. The whole left side of the chest pulsates with the heart beat, especially in 5th and 6th spaces. The apex beat is diffuse. Cardiac dullness begins at the third rib above and extends transversely from one inch to the right of the sternum to the nipple line. At the apex the first sound is clear, sharp and high pitched. At the base over the pulmonary area the second sound is heard, sharply accentuated and accompanied by a rough, blowing systolic murmur transmitted down the sternum and towards apex, but not into the axilla. Aortic second also accentuated.

On examination of the lungs there were heard at the bases posteriorly numerous coarse mucous rales, otherwise normal. Liver and spleen normal. At the inferior angle of the left scapula and slightly to its inner side is seen an ulcerated area from which blood oozes freely. The edges of the ulcer are deeply undermined. In the posterior part of the left axilla are two dark, firmly adherent sloughs lying close to each other. Over the abdomen are seen a few reddened indurated spots, one 2 inches below umbilicus, being $\frac{3}{4}$ inch in diameter, is covered by a scab.

The patient had been in the hospital for five days when she died. While under observation nothing further was made out. The ulcer bled only slightly until on the morning of the day of the patient's death, when between two and three ounces of blood were lost. The pulse became more rapid and weaker, and in a short time failed completely. The patient did not complain of pain at any time. The mental dullness increased somewhat after admission.

At the autopsy, which was performed four and a half