

diaphragm, was made. Tapping of the chest in the seventh and eighth intercostal spaces was actually performed; much gas, but no liquid, was evacuated. Death occurred shortly afterwards, and at the autopsy an abscess-cavity of the kind under consideration, containing gas and liquid, was found below the diaphragm and communicating with the stomach. There was no communication with cavity of the pleura, which contained neither gas nor liquid effusion.

Professor Leyden then records the cases observed by himself, which amount to three. The first case was on the right side, terminating fatally, and originating, as shown by autopsy, in a perforating duodenal ulcer. The second case originated in a perforation of the common bile duct, and also terminated fatally. The third case, which was left-sided, seemed to take its origin in perforating gastric ulcer, but there were also communications with the transverse colon. This case also terminated fatally, but the communication of the abscess-cavity with the bowel shows a possible way in which recovery might take place by evacuation of the contents of the abscess. Such may have been the mode of cure in Sturges' case, which recovered.

As Professor Leyden remarks, the origin of these gas and pus containing cavities, the mechanism whereby they are formed is closely connected with the history of peritonitis from perforation, the great majority of the cases reported being actually connected with perforating gastric and duodenal ulcers. When perforation occurs, a part of the gaseous and fluid contents of the stomach or bowel escape into the abdominal cavity. These, principally in consequence of the rapidly developed tympanites, are pressed forcibly upwards and kept in the concavity of the diaphragm, and furnish the necessary conditions by the formation of adhesions for the development of abscess cavities of the kind here described, containing air and liquid. The situation of the abscess on the right or left side is determined by the site of the ulcer. Duodenal ulcers, and ulcers of the stomach near the pylorus, lead to abscesses of the right side. Gastric ulcers lying towards the left extremity of the stomach of similar formations on the left of the median line.