

resonant. From the apex to the 7th rib the breath sounds were harsh and expiration prolonged; over 7th and 8th ribs blowing breathing was heard, and below this point the breath sounds were only faintly audible. There was no cough or expectoration. The movement of the diaphragm on the left side was much impaired. Right lung normal. The impulse of the heart apex was diffuse, being palpable in the 3rd and 4th spaces. The vertical cardiac dullness was not increased, but the right border of heart dullness began at the mid-sternal line. No murmurs.

The urine was acid, of a rich amber colour, turbid, sp. gr. 1020. The deposit was slightly flocculent consisting of pus, hyaline and granular casts, and a few red-blood corpuscles. A decided trace of albumen was present. No sugar.

On July 22nd the chest was aspirated in the 9th interspace about the posterior axillary line and thick pus and bloody fluid were obtained. A resection of portions of the 9th and 10th ribs was performed and the pleural cavity opened. The lung was felt about a finger's breadth above the incision. A small amount of clear fluid came away. In the diaphragm was a small puncture, evidently made by the exploring trocar, and through it pus was oozing. The incision was enlarged upwards and the visceral and parietal layers sutured together. An incision was made through the diaphragm and pus was seen coming from the region of the left kidney. The wound was packed with gauze and dressed, it being intended to open into the loin later.

July 23rd, The dullness over the lung posteriorly had largely cleared up, but swelling in the epigastrium was still prominent.

Aug. 7th. Swelling in epigastrium was distinctly smaller and patient vomited about 2 ounces of thick brownish fetid material.

Aug. 8th. Swelling over epigastrium was absent and the note tympanitic. Vomited again. Material examined microscopically gave the appearance of broken down pus.

Aug. 9th. Great nausea. Involuntary stools.

Aug. 10. Delirious. Involuntary, tarry, stool. Vomited blood-stained fluid and one small clot. Death.

*Autopsy.*—Twelve hours after death. (Performed by A. G. N. and H. K. Wright).

Body that of a young female, with usual signs of death. Great emaciation. Post-mortem rigidity complete. Considerable lividity. On opening abdomen, muscles were small; subcutaneous fat absent. A small amount of clear fluid was present in the pelvis.

*Right Lung*—Pale and crepitant throughout. Lowest-lobe adherent posteriorly.

*Left Lung*—Upper lobe generally adherent with old adhesions. Lower lobe completely cartilaged. Surface covered with flakes of purulent lymph. The diaphragm