Turpentine fomentations to the abdomen.

Pills of acetate of lead and opium; one every three hours.

May 7th, diarrhœa controlled; pain in the abdomen increased; nausea, occasional vomiting, alternations of chills and heat, followed by perspiration.

Sulphuric. acid. *min.* xv. ter in die.

8th.—Perspired profusely last night.

9th.—Diarrhœa returned; comes on in paroxysms, without any pain; four or five stools in rapid succession, then a long interval, with frequent fainting sensations, and cold clammy feel of skin.

10th—Frequent chills, followed by great flushing of the face, and general morbid heat.

11th—Œdema of lower extremities; profuse cold perspiration; patient is daily becoming weaker. She gradually sunk, and died on May 12th.

A careful post mortem examination showed that all the morbid phenomena were confined to the abdominal viscera. The liver was large, of a bright red colour; a section of it showed the right lobe to be extensively studded with abscesses of various sizes. The largest was two inches long, with a diameter of one inch: there were four or five about this size, the remainder were very small. They all contained reddish purulent matter, but several seemed only half filled; there were many of them close to the convex surface, yet the capsule was scarcely even rendered opaque; there were none of the anatomical evidences of inflammation of the serous membrane. One or two abscesses appeared on the point of giving way; they were gradually acuminating by a small yellow pustule, and the hepatic surface around was exceedingly dark, forming a remarkable contrast with the general bright red appearance of the liver; these were not encysted, but the edges of many of them were very sharp and defined. The colon was exceedingly vascular, but not ulcerated; there were one or two abrasions of the mucous membrane, but there was no thickening or elevation of the mucous membrane around them, nor was the submucous cellular tissue anywhere exposed. There was matter lying in the colon similar to what was found in the abscesses of the liver, and similar also to the diarrhœal discharges of the patient.—(Museum, Richmond Hospital.)

The constitutional symptoms in this case left no room for doubt as to the existence of an internal abscess; and the strong presumption was that the liver was the seat of its existence, although some very decided symptoms were absent. The abdominal pain and tenderness were general, not confined to the hepatic region; there was no pain in the shoulder—no tension or rigidity of either or both of the recti abdominal muscles; there was no jaundice—no fullness or projecting tumour in any part of the abdomen; in fact, there was not such a collection of symptoms as to warrant making any preliminary incision or eschar of any kind over the liver. The degree of inflammation of the colon which existed is worthy of observation. We cannot imagine, for a moment, that the enteritic complication was the first organic mischief which occurred in this case. The patient was, for several days, complaining of nausea, rigors, and other symptoms of internal suppuration, when, on the 5th of May, diarrhœa suddenly set in. The character of this diarrhœa was very pecu-