

or three openings existed between the cæcum and this cavity, one of them being large enough to admit the little finger. This cavity communicated by a narrow neck-like prolongation, extending upwards behind the peritoneum, with a very large cavity, probably as large as a child's head, bounded above by the diaphragm pushed up to the level of the third interspace; externally and anteriorly by the ribs, as far as their free edges; below and on the inner side by the right lobe of the liver, whose upper surface and free edge compressed, flattened, and rendered quite obtuse, formed part of the wall of the abscess cavity. The contents of this cavity were not pus, but a thin, brown-colored, stinking fluid containing flakes of curd of milk, and gas or air. The stomach was somewhat pushed over to the left. The transverse colon was somewhat displaced downwards. The right lung was much compressed, its lower lobe collapsed and closely adherent to the diaphragm; a series of perforations existed extending through the lung substance to the bronchi. There was no effusion in the right pleural cavity. The left lung was healthy; the heart healthy, a little displaced to the left.

The diagnosis was pyopneumothorax. At the autopsy gas and liquid were found in a region occupied anatomically in their normal condition by lung-tissue, but the containing sac was below the diaphragm.

So far as I know, the literature of sub-diaphragmatic abscess is as yet rather scanty. The most important article on the subject with which I am acquainted, and to which my attention was directed by my friend and colleague, Professor George Ross, of McGill University, is that by Prof. Leyden, of Berlin. This article, entitled, "On Pyopneumothorax subphrenicus and subphrenic abscesses," appears in the *Zeitschrift für Klinische Medicin*, Band i., Heft ii. Prof. Leyden first discusses the symptoms and physical signs of sub-Phrenic Pyopneumothorax, then briefly refers to the few cases previously published.

The first is one observed at the Charité Hospital, Berlin, and published by Dr. Pfuhl, in the *Berlin Klinische Wochenschrift* for 1877. In this case, a young girl, who had symptoms