

nosed. Of several other men who were working with him and similarly affected, two had died. The patient came to Toronto, September 16. Was placed under the care of Dr. Davison at the hospital. Dr. Davison being absent, the reader had charge of the case. The malarial parasite was first looked for, but none found. This examination was repeated for several days with a negative result. The blood showed six million red cells; hæmoglobin normal; leucocytosis present, there being an increase of the polynuclear leucocytes. Malaria was thus excluded, and some acute inflammatory process pointed to. The temperature was ranging from normal to 102° . The pulse was soft and of a low tension. The tongue was dry, red, and tremulous; lungs and heart normal; mind clear; abdomen on the right side full and prominent and tense; left abdomen soft and lax. Palpation and percussion produced intense pain on the right side all over the region of the liver in front and behind, and some distance below. It was difficult to define the area of hepatic dullness on this account. There was no pain or tenderness in the right iliac fossa. There was no enlargement of the spleen, and no eruption seen on the body. Urine negative. Erlich's reaction was not tried.

Diagnosis. Probably abscess of the liver. There was no history of gallstones or jaundice. There was swelling beneath the ribs below the ninth intercostal cartilage. On the fifth day after admission the intense pain and swelling disappeared, and the patient felt comparatively better. This was soon followed by general abdominal tenderness. The temperature arose to 103° , but fell to normal on the evening of each day. The pulse became rapid and weak. Involuntary evacuations of urine and fæces took place. Patient grew unconscious, and died on the 26th, eleven days after entering,

Autopsy. General peritonitis, acute, with considerable brownish yellow fluid in the cavity, bile-stained, which contained many polynuclear cells containing yellow pigment. Bacteria in the form of curved rods and rounded ends present. The small intestines were bound together by recent inflammatory adhesions. The solitary glands were swollen, and ulceration present in a few of Peyer's patches. The floors of the ulcers were clean and smooth, and appeared three or four weeks old. The liver weighed four pounds, and showed passive congestion. The cystic duct was obstructed by gallstones. The mucous membrane of the gall-bladder showed ulcerated patches. The tissue between the ulcers was reddened and congested. On the right side of the gall-bladder, one and one-half inches from the margin of the liver, one ulcer had perforated through into the general peritoneal cavity. Externally there were adhesions to the liver by a fibrinous deposit. The gall-bladder was greatly dilated. The spleen weighed six ounces. Cultures from the peritonitic fluid showed a rod