Sophia West, aged 28, a servant, was admitted into the Hardwicke Hospital, January 18th. After washing the clothes of a fever patient, and the room in which he had slept, she was attacked with rigors, and the usual premonitory symptoms of fever. She became maculated, and the general febrile symptoms were of a very low type. On the fourteenth day she complained of diarrhœa and great debility. On the fifteenth, pains through all her body, referred principally to the joints.

Sixteenth day.—Diarrhœa continues; tongue brown and dry; pulse 120, small.

Eighteenth day.—Pain on moving her arms or legs greatly increased.

Nineteenth day.—Inflammatory patches of a darkish red hue have appeared on the occiput, right elbow, wrist, and hand; pulse irregular, very weak; diarrhœa has ceased.

Twentieth day.—Patient delirious through the night; the inflammatory patches appear of a paler red; additional ones have appeared on the left elbow and wrist, and on the sacrum; tongue and teeth black with sordes. Patient lies apparently insensible, with her eyes closed.

Twenty-first day.—Pulse 132, very weak, not so irregular; excessive insensibility.

Twenty-second day.—Died at 10 A.M.

In the several inflamed joints was found thin sero-purulent matter, which existed also in the sheaths of the extensor tendons of both forearms. The synovial membrane of the different joints was inflamed; the lower lobe of the left lung was solidified, it was of a very dark colour, apparently from sanguineous engorgement, but was hepatized, and a section of it sunk in water. The liver was somewhat enlarged and congested; numerous small abscesses were found in its surface and in its interior, they were very minute, surrounded by a hardened base, and not unlike softening tubercles; in several of them pus could be distinctly traced into a communicating vein. Abscesses in the liver, as a consequence of suppurative phlebitis, are of very frequent occurrence; when arising in the course of fever, they seem to differ from the ordinary traumatic form only in being more rapid in their progress, and the patient being less sensible of pain or any other annoyance in this viscus.

Secondly.—With regard to abscess of the liver as a consequence of the typhoid inflammation and ulceration of follicular enteritis, we must agree with Chomel, who observes upon it, as an extraordinary fact, how rarely abscesses of the liver are met with in fever, considering the great frequency of intestinal ulcerations. Budd also remarks:—"I have never seen abscess of the liver noticed in conjunction with ulcerated intestine in fatal cases of typhoid fever. This fact is very striking, when we consider how prevalent and fatal typhoid fever is; how generally it is attended with extensive ulceration of the bowels; and how attentively all the morbid appearances in this disease have been observed and recorded of late years in this country and in France."

One such case, however, occurred in this hospital not very long since. Mary Ryan, a servant, æt. 29, was sent from Jervis-street Hospital to the Hardwicke, on the 11th of March, 1853, the fourteenth day of her fever. The chest and abdomen were covered with a raised lenticular eruption; she was greatly prostrated; pulse 124; respiration 30; slight