from the lumbar wound continued at times scanty, and again profuse and frequently grape seeds and small particles of fecal matter were mixed in the discharge shewing that there was some communication between the bowel lumen and the abscess sac, but although careful watch was kept there was never any pus found in the rectal discharges.

Later permission was requested to operate further by removing a portion of one or two ribs posteriorly and reaching the under surface of the right lobe of the liver as in this way it was hoped to secure more direct drainage of the abscess sac which was diagnosed to be in that situation. An anterior incision through the abdominal wall was not considered to be feasible, and as the autopsy shewed, would have been of no avail. However, any further operative interference was positively declined by the patient who in her inimitable cheery way would reply, "Just give me time and I'll be all right."

Towards the end there was considerable œdema of the lower extremities and ascites with prominent abdomen from tympanitic distension. A short time before death a small fluctuating mass appeared in the right nipple line just below the costal margin, and under cocaine anaesthesia was opened. A few ounces of pus were evacuated and the finger came upon the upper surface of the liver and impinged on a circumscribed abscess sac.

Death occurred early in January and permission was obtained for a partial autopsy.

The following account of the partial autopsy made two hours after death in this case has been supplied by Dr. W. T. Connell :—

Body quite warm ; no *rigor mortes,* marked œdema of the lower extremities extending upwards to the trunk. Upper extremities and head and neck much emaciated. Abdomen quite prominent, linea albicantes present.

A small sinus one inch in width discharging foul smelling pus is seen in right nipple line one inch below the costal margin. In the right lumbar region at site of the ordinary "nephritic" incision is a large discharging wound.