to find any tubercle bacilli or elastic tissue fibres. The urine was negative and contained no casts, pus, albumin, sugar or blood, although of somewhat high specific gravity. The blood showed a full hæmoglobin value, red cells 4,500,000, and only 3,400 leucocytes to the ccm.

Being still in doubt and expecting deep seated abscess I again examined him on the 12th, and then I thought I detected in the right lower axillia, between the anterior and posterior axillary lines an area of impaired resonance, of a crescentic shape. This appeared to be more obvious when he was lying down, than when sitting or standing. Perhaps there was a little impairment of the breath sounds, and now and then one heard a crepitant râle on deep inspiration, and following cough.

I labelled this case provisionally a subdiaphragmatic abscess discharging through a bronchus, the pus which he coughs up being very homogenous and viscid. A specimen of the pus was shown.

Dr. Lapthorn Smith stated that if this was a subdiaphragmatic abscess, he would like to know where it started from, and whether it would be tuberculous in origin. Also how it was walled off, and why it was not a collection of pus in the lung, and how one is to know whether a small quantity of pus is above or below the diaphragm.

Dr. Macdonald would like to ask Dr. Lafleur what was the character of the expectoration as far as he had seen, as he had himself seen the patient about three weeks previously, and at that time, so far as could be made out from his narrative, he was spitting up pure blood.

Dr. W. F. Hamilton was very much interested in Dr. Lafleur's case, and would like to confirm the statements which he made, that there was an area of dulness which was very appreciable, but that varied with deep inspiratory movement. This corresponded to what Dr. Lafleur had observed with the fluoroscope.

Dr. Lafleur in reply to Dr. Smith, said that he had already stated in his report of the case, that he had enquired into all possible causes of subdiaphragmatic abscess, and had been unable to find a single one, and also that there were no tubercle bacilli in the sputum. As to where and how the abscess arose he did not know. The sputum when he first saw it contained a larger admixture of blood than the specimen shown. It was distinctly purulent at the same time, and did not look at all like the sputum one ordinarily saw in a tuberculous hæmoptysis. There remained only one thing to do, so far as he could see, and that was, if the condition continued and the sputum remained blood stained, to do an exploratory puncture. He was not in a hurry however to do anything, but would wait.