

ation. On auscultation, weak, amphoric respiration was present from the third interspace downwards; on coughing, splashing sounds. Above third interspace the respiratory sounds approached in character the vesicular murmur of health. There was considerably diminished mobility of the right chest wall, which was quite sensitive to the pressure of the stethoscope. A normal condition of the intercostal spaces obtained.

During the last fortnight that he lived, the patient coughed up at intervals pus, and the thin, brown, stinking fluid above described. His general condition varied considerably, but was for the most part one of great debility, with frequent diarrhoea, the physical signs varying only in the character of the respiratory sound, which was not always amphoric, but occasionally distantly blowing in character.

On the morning of the day he died, my friend, Dr. Ross, saw him, and after examination agreed with me in the diagnosis I had made, viz., perityphlitic abscess communicating with the bowel, creeping up behind the peritoneum and perforating the diaphragm, and thus gaining access to the cavity of the chest and subsequently perforating the lung. His general condition was then more favorable than it had been on any day since the setting up of the pulmonary fistula. The same evening the cough and expectoration, which, indeed, was now rather a gulping up of the thin, foetid fluid, returned, and in this paroxysm he died, exhausted and asphyxiated.

Autopsy, fifteen hours after death, performed by Dr. Richard McDonnell: Emaciation extreme; a bed sore over the sacrum; rigor mortis moderately well marked; chest and abdomen only examined. On opening the abdominal cavity the first thing noticed was the absence of the liver from its natural position. It was pushed upwards, backwards and inwards towards the spinal column, completely away from the right lateral and anterior chest wall, thus explaining the impossibility of either feeling or discovering it by percussion. To the outside and behind the caecum an abscess cavity was discovered, having on its inner wall the appendix vermiformis containing a number of masses of inspissated, quite hard, faecal matter. Two