

Proving fatal from chronic disease 1	
Case recorded by Mr. Butcher in the Lancet and Dublin Med. Press... 1	
Case recorded by Dr. Gibb in the Brit. Amer. Med. and Physical Journal..... 1	
Total.....	10

As to the varieties in colour assumed by pus, I may mention the following:—

*Orange-coloured pus*, occurring in two cases which fell under Dr. Geoghegan's observation: one a case of compound fracture of the patella, the other a case of compound fracture of the leg. When examined and spread out this pus proved to be altered cellular membrane.

*Slate-coloured pus*, mentioned by the same author as a discharge in a case of abscess in the xiphoid cartilage. It was found slightly alkaline, sank in water, exhibited the usual reaction which natural pus always gives rise to on the addition of ammonia, having, in short, all the well known characters of true pus. It resembled the colour and consistency of mercurial liniment, and the precise nature of the colouring matter could not be ascertained.\*

*Black pus*, described by Dr. Bigger,† as a discharge from ulcers, particularly situated in the neighbourhood of the shin bone, appearing six or seven days after treatment, and not produced from external applications, as gutta-percha was used which does not contain lead, like sticking plaster. He has met with a considerable number of cases, and inclines to the opinion "that the bones must have something to do with the production of these (as he would term them) 'carbonised' discharges."

*Green pus*, produced by chemical changes, the result of decomposition: very common in abscesses of the brain.

*Blue pus*, already described.

*Dark Olive pus*, devoid of odour, of creamy consistence, showing under the microscope decomposed pus globules, intermixed with what appeared to be epithelial scales, was evacuated from an

encysted tumour of the labium, in a case described by Dr. Macdonnell, in the fourth volume of the Brit. Amer. Jour. of Med. Science.

*Drab pus*, of a dark shade, from a large dorsal abscess, in a case of external scrofula, under my care in February last. It was inodorous, neutral, sp. gr. 1028, and mixed with cheesy particles of same colour. The microscope presented numerous perfect cells containing granules, which, together with minute spherules, were also free, fat and pus corpuscles, and the same of lymph. No blood discs were to be seen.

*Claret pus*, in colour resembling the dregs of wine. A discharge in a deep contused wound, in the upper eyelid of a man who had received a kick from a horse. Under the microscope were seen only globules of blood and pus mixed.\*

*Brownish pus*, furnished by certain abscesses in the liver, containing probably, with globules of pus and the colouring matter of the blood, portions of hepatic parenchyma, or of the detritus of organs in which they may be situated.†

Besides these colours, we have *white pus*, as in leucorrhœa, hepatic abscess, &c.‡; *pink pus*, from slight admixture with blood; *greenish white pus*, so common in the ordinary phlegmon, also occurring frequently elsewhere, as in the liver sometimes; § and many other shades, varying from that of the pale yellowish-white of perfectly healthy pus.

48, Craig street, 1st August, 1850.

# ART. XXII.—Case of *Mis-menstruation with Sterility*. By WILLIAM MARSDEN, M.D., Quebec.

The following case may perhaps be sufficiently interesting to entitle it to a place in your columns. The subject of it is a French Canadian female, the wife of a respectable habitant; and was

\* Dictionnaire de Médecine. Article Pus, par P. H. Bernard.

† Ditto

‡ Budd on the Liver, p. 69.

§ Andral Clin. Med. Translation, p. 361.

|| Aphoria Paramenia of Good C), 5, Ord. 2, Sp. 2.

\* Dublin Medical Press, April 1849.

† Ditto