

the lateral and front parts up to the fourth rib. There was no dullness on percussion, no pleuritic friction sounds to be heard, but weak respiration sounds over the anterior and lateral parts of the right lung. This pain was easily controlled, but recurred several times. The hoped-for convalescence was slow in coming, the temperature occasionally rose, especially towards evening. There was no vomiting, but the tongue was red and smooth in centre, and furred at its edges. Slight diarrhoea was a frequent symptom. The patient remained very weak, being unable either to raise or turn himself in bed, from a lameness or general tenderness of the right side of the trunk. Gradually dullness on percussion developed in the base of the right chest, both back and front. Suddenly, about the end of the seventh week of his illness, and two weeks before he died, in the night, with sudden sharp pain in the right side, he began to cough up what was, from the description, probably pus, but was certainly soon replaced by what was shown me, a thin brownish fluid, having all the other characters of thin faeces. This continued to be ejected for some hours at short intervals, actual vomiting being occasionally excited by the ill taste and odor of the matters coughed up. When I saw him next day he was in a condition of semi-collapse, with a very frequent, weak, thready pulse, and cold, clammy sweats. On physical examination of the chest a remarkable change had taken place. The physical signs of air and fluid in the right thorax had developed themselves, in, however, a somewhat modified form. As the patient lay on his back, percussion of the right side gave forth from the third interspace downwards to the lower edges of the ribs in front and at the side a clear tympanitic note. Above the third interspace the note approached in character the ordinary healthy note. At the dependent part of the chest, as he lay on his back, the note was perfectly dull. By turning the patient on his left side, the limit of tympanitic note on percussion was altered. All the parts of the right chest now uppermost were tympanitic when percussed, showing the presence of air and a liquid. Nowhere, in any position, could the liver dullness be discovered; neither could the liver be felt by palp-