

the strong solution should be used at most twice a week. This plan of treatment is good for mild cases of catarrh of the prostatic portion occasioned by masturbation, and after sexual excesses associated with discharge of semen, and is of the greatest use in spermatorrhœa and also in catarrh of the prostatic portion following gonorrhœa. The cauterization of the prostatic portion finally may be done with nitrate of silver in substance either by means of Lallemand's caustic holder, or much better by using the endoscope when the parts are under the control of the eye.

SUB-DIAPHRAGMATIC ABSCESS.

J. M. COCHRANE.

C. F., æt. 23, a native of England, a man of temperate habits, unmarried, and having recently arrived in this country from England, where he had been employed in labouring work in the lumber docks. Admitted to the Toronto General Hospital on January 26th, 1884.

The family history contained nothing of importance, no facts pointing to tuberculous or other diseases could be ascertained.

The patient's early history showed that he had never been a strong man. In early infancy had some of the diseases of childhood, though nothing very serious till about the age of five when he had an attack of scarlet fever, from which recovery seemed to be slow.

About three years ago the patient suffered from some trouble of the liver, the exact nature of which could not now be ascertained, and for which no special treatment, beyond some liver complaint nostrum, was employed. The disease was short, and with the exception of very occasional and slight returns did not trouble the patient much till about three months ago, when the pain was again felt severely, but it soon passed away.

On admission to the Hospital, the patient complained of pain in the right

side. There was slight cough and expectoration. There was dullness on percussion over the right lung extending nearly half way up from the base, no indications of cavities were noted. The left lung seemed to be unaffected.

Within two or three days of admission the extent of dullness of right lung increased upwards, the cough became much more frequent, and was accompanied by a fœtid expectoration, the sputa were purulent, viscid, and sometimes streaked with blood. In the later stages of the disease it was expectorated in unusual quantity, sometimes masses of pus were brought up, unaccompanied by coughing or voluntary effort.

The patient was again examined a week later, and the present history then taken (Feb. 9th.) The symptoms above mentioned were much increased, the cough and expectoration constant. The patient was much emaciated and distressed, there was great œdema of the feet and legs, the sitting posture was the only one in which the patient could remain with comfort. The breathing was difficult; the hearts' action tumultuous; the pulse registering 134; the temperature 103.5 at 6 p.m.

Examination indicated dullness, fully half way up the lung on the right side, there was also some dullness in a limited area at the base of the left lung, the apices of both seemed to be clear, coarse rales were noted at the right base, and a peculiar click was heard irregularly on expiration.

The dullness marking the extent of the liver was found lower than normal, and was continuous above with the dullness at the base of the right lung.

The temperature during the last six days of the illness varied between 100° and 102.5, the pulse was almost uniformly 110 in the morning, 130 at night.

Within the last two or three days, severe pain referred to the heart was felt, the indications were considered as those of