

improved somewhat, and had then relapsed into the condition in which I first saw her.

A diagnosis had been made by the physician who had attended her before her removal; with this diagnosis I did not agree, and after a few days inclined to the view that the case was one of typhoid fever, though none of the characteristic spots could be found. The evening temperature was constantly 102, or a point or two more, and the morning temperature about one degree lower, while the tenderness on pressure over the right iliac region persisted, and at the same time I thought there was an abdominal fulness and feeling of resistance in the part. The case went on in this way for ten days, my uncertainty in regard to the cause of her trouble continuing, with the balance inclining toward the typhoid fever idea.

At this time I was sent for hastily, and found that the patient had been taken simultaneously with vomiting and coughing, and was in much distress. It was then, for the first time, that I suspected some trouble in the chest as the cause of her illness. She had, up to that time, neither cough, pain in the chest, nor unduly quickened respiration.

Examination now revealed a large dull area in the lower lobe of the right lung at the back, and microscopic examination of the expectorated matter (which was quite offensive in odour), showed it to contain pus. The expectoration was scanty, lasting only a few hours, after which the general symptoms continued as before for five days, when there was a return of the purulent expectoration, the quantity being larger.

Dr. J. E. Graham was then asked to see the case in consultation, and a bacteriological examination of the sputa was suggested. Shreds of lung tissue were found, and the suppuration was found to be due to streptococcal infection.

The expectoration of pus continued for eight days with constant diarrhoea, pulse faster, and marked loss of flesh, the temperature remaining almost as when I first saw her. At the end of this period there was quite a free discharge of pus per vaginam, the nature of the discharge being verified by a microscopic examination. No bacteriological examination was made of the discharge from this cavity. This discharge explained the tenderness and undue fulness in the right side, which now became less and soon disappeared, the diarrhoea subsiding simultaneously. The temperature also began to fall, and in three weeks was normal. Some expectoration continued during this time, but in a month from the discharge of the abscess of the lower part of the body it ceased, leaving a degree of dulness of the part of the lung