

ness in the abdomen. Had to stop the sulphide of calcium pills on account of the nausea which they produced.

April 19th.—This evening Mrs. S., is not so well; temperature, 101°; pulse, 102; breathing, 30, not so regular, rapid and distressed; bowels of late have never been regular; the least change in diet excites diarrhoea.

April 20th.—Patient much better; fever, absent; pulse, 96. She complains of difficulty of breathing; diarrhoea has again returned. The passages contain pus and blood. On examination of chest, find what I had frequently noticed before, bronchial breathing at both apices. Noticed also today fine crepitation throughout the left lung.

June 1st.—Patient has been gradually becoming weaker; diarrhoea persistent; it is temporarily controlled by opium. The abscesses in the neck and hands have very much improved. The discharges from the bowels contain mucous and blood. There was constant cough with very free expectoration which was examined for bacilli of tuberculosis several times without success. The apices of both lungs presented symptoms of consolidation, on three or four occasions large quantities of matter were coughed up as if from an abscess.

June 5th.—Patient has lost strength rapidly. Abscesses have again formed in the neck, in the axilla of the right side and in both wrists. Those in the neck discharge large quantities of thin pus, which runs freely from the incision. The connective tissue between the muscles of the neck is infiltrated with pus.

June 18th.—Opened a large abscess in the axilla; pus flowed freely from the incision; a hæmorrhagic condition has developed during the last two or three days. The sputa is mixed with blood and a sero-sanguinolent fluid is discharged from some of the abscesses.

June 19.—Patient gradually sank and died this afternoon. She retained consciousness until the last moment.

*Post-mortem examination made twenty hours after death.*—There was considerable emaciation, and the presence of scars showing the position of former abscesses. Pus ran out from several abscesses, which still remained open. On making an incision adipose tissue was found of a yellow colour.

*Thorax.*—Pleura adherent on both sides; heart very small, presenting fatty infiltration; valves healthy; blood fluid in character.

*Lungs.*—The lower lobe of right lung was congested, at the apex, on the same side there was consolidation, which appeared to be produced by extra amount of fibrous tissue. In the consolidated portion cavities existed. How these were found could not be satisfactorily explained. On gross examination there did not appear to be any tubercle. The cavities were lined by a smooth membrane. In the left lung the same appearance existed at the apex. Several of the bronchial glands were enlarged, and in only one was any cheesy deposit found. In it there was also calcification.

*Liver.*—Was normal in size; but was fattily degenerated.

Spleen enlarged and soft, presented extravasation; kidney presented infarcts, particularly in the left. In both the capsule was not adherent. The parenchyma was distinctly fatty. In the right found an abscess with inspissated pus.

*Intestines.*—At the ileo-cæcal valve there was a good deal of induration and some destruction of tissue.

In the mucous membrane of the intestine above and below the ileo-cæcal valve ulcerations mostly round and varying in size were found. No peritonitis; very slight enlargement of the mesenteric glands.

*Microscopical examination.*—The kidneys presented a slight lardaceous deposit near the small arteries. There was also found in various parts dilated convoluted tubes.

We have here a case in which the illness extended over seven years. The principal