

May he was able to be out a little, but was weak and had lost considerable flesh. About the middle of May, the swelling in the right inguinal region began to increase again. There was a feeling of dragging in the right side, and he walked so as to save his side from strain and jarring.

On June 10th he coughed excessively all night, and spat up a profuse quantity of most offensive dark, and rather thin, pus. Since then, on lying down, the cough has been severe and the expectoration free. When in the erect position, hacking cough is troublesome, but the sputum is comparatively scanty.

Since the cough began, a circumscribed tender area, about two inches in diameter, appeared below the angle of the scapula on the right side. For some weeks there has been some pain in this region, beginning gradually, but never severe. He noticed that this swelling became fuller on lying down. There was no shortness of breath. His appetite had been fairly good; bowels regular.

On June 29th, 1895, when he first consulted me, his condition was one of extreme emaciation and great weakness. The breathing was quiet; there was frequent short, hacking cough, with offensive sputum, consisting of pus mixed with glairy mucus.

Below the angle of the right scapula was the swelling already referred to—it was tender and fluctuating. The examination of the chest, apart from the immediate neighborhood of this swelling, was negative, except for the presence of an occasional mucus rale on both sides. Around the swelling the percussion note was flat, and the breath sounds were faint.

The abdomen was flat, a little fuller on the right side, where a tumor-like mass could be felt, extending from the level of the ant. sup. spine of the ilium up nearly to the costal margin and from the umbilicus, outwards to one inch outside of the mammary line. Over this mass it was dull on light percussion; deep percussion gave slight tympany. The lumbar region was normal.

Urine normal.

Pulse, 110; T. 98°; R. 22.

The case was evidently one of abscess in abdomen, almost certainly resulting from appendicitis. The pus had made its way over the liver, through the diaphragm, and thus found vent by way of the bronchial tract. Secondarily, it had penetrated the eighth intercostal space forming a subcutaneous abscess. To give exit to this pus, and with the hope of giving a shorter way of escape to all the pus, and thus relieve the bronchi of the irritation, and the patient of the necessity of coughing up such horrible material, a free incision was at once made into the abscess. Two ounces of stinking pus, of the same character as that being coughed up, was discharged.

The effect of this incision was all that could be hoped for. There was a free discharge of pus that night; he slept well and had no cough. An operation on the abdominal abscess was advised, and he entered the Toronto General Hospital next day, June 30th, 1895, for the purpose of having that done. During the next few days he improved so well, that operative interference was delayed, in order that he might gain some strength to enable him to stand the operation better. On July 3rd his