ally occur in the linen dressings, from chemical changes which pus sometimes undergoes, when the matter itself is not blue; and this, I believe, has been the experience of several surgeons, including the late Sir Benjamin Brodie. The actual blue color of the pus within an abscess, however is a phenomenon of the highest degree of rarity, although the nature of the pus is perfectly harmless. If iron in any form has been given, we can readily understand its presence as the result of certain well-known chemical changes; but otherwise, we must look for an explanation in something more subtle and profound, involving a combination of certain elements to produce compounds analogous (as has been already stated) to indigo, which, in its composition, is wholly different from a salt of iron. If Physiological chemists were correct in their views, that the source of the indigo-forming substance in the animal economy was or might be due to destruction of some of the proteine compounds, and more especially hæmatosin, then we have an explanation of the colour of blue pus; but in the present instance, the pigment was due to a salt of iron, and not to indigo Dr. William Bird Herapath brought an instance before the British Association for the Advancement of Science at Bath in 1864, in which pus or the liquor puris was shown to contain blue pigment, and which he believed to be the first instance recorded of that character, whereas I gave a summary of ten cases in 1850. In this case, purulent secretions from the surface of an inflamed leg stained the clothes of a blue colour; whilst in mine the pus of an abscess was blue previously to being evacuated, and had been so for many days before, which is a wholly different thing.

The experiments to determine its nature were these.

1. Liquor potassæ, added to the blue pus, discharged the blue colour, which it does with Prussian blue.

2. The addition of dilute muriatic acid, for the most part, restored the blue colour, which it also does with Prussian blue.