

to explain entirely the occurrence, but it is obvious they were aided and directed by other forces of a yet more powerful nature, as shewn below, Sect. 13, for the sloughing state of the cellular tissue, which hung like "wetted tow" within the cavity, shews the abscess was not one of a simple sort from common healthy pyogenesis.

9. The aperture discovered in this abscess we regard as a rent, and not present during life, because it would then have allowed the contained pus to have escaped, which would, consequently, not have been found in the interior as it was; and because before death there were marked signs of displacement of the larynx, from the distension of the abscess, and we believe increasing suffocation from mechanical obstruction, induced by the same cause. The rent must therefore have been a post mortem occurrence.

10. The non-discovery of this abscess was perfectly excusable. Dr. Beales and Mott are properly exonerated from all censure. As the latter remarked, who is the Nestor of American surgeons, the patient was so "blown up" the abscess could not be felt, while the symptoms were too vague to centre in its exclusive distinction. Even had it been ascertained, its incision *ab externo* would have been, under the circumstances, most perilous, while it was an impossibility *ab interno*, for, by the time it had grown sufficiently ripe, the patient could not open his mouth wide enough to allow of the necessary space for the safe or certain performance of the operation. And, lastly, had it actually been opened, the result would probably not have been averted; the urgent material cause of death was the morbid state of the pulmonary tissue.

11. The only disease discovered in the left lung was inflammation of the parenchyma of its upper lobe. It appeared to be of various degrees of intensity, most energetic centrally where the cavity was found, and gradually declining in severity thence to its border of interruption. We look upon this simple view as meeting all the difficulties of the case. Assuredly this cavity was not an apoplectic cell, nor a vomica, nor cancerous, nor from any other equally rare form of pulmonary lesion, for its character did not answer to such. We accordingly regard the explanation given of it by Dr. Watson, the President of the Academy, as approaching nearer to its true interpretation than any we have read in the discussion. He informs us that Mr. Whitney had been in the habit of drinking to excess in early life, had foul breath, a cough lasting for many months; therefore he infers he had, in all probability, circumscribed gangrene of the lung. Several other features are pointed out, but as we do not accept all that is stated by him, nor is it necessary, these need not here be repeated; it is enough to identify our opinion with his in admitting the product to be the result of a similar action, viz., inflam-