

*Case III.—Empyema Secondary to Scarlatina-Thoracentesis—Recovery.*—In the Spring of 1864 I was requested to see a little girl about 6 years old, from whose history it appeared that she had had a few weeks previously mild scarlatina; that after desquamation she did not convalesce, but became paler and grew weaker; pain in the side and dyspnoea supervened, and at the end of three or four weeks my opinion was asked. On examination the physical signs of copious effusion into the left pleura were found, and as the child was very weak and rather hectic I at once tapped the chest and evacuated a large quantity of pus. It was not necessary to repeat the operation. The orifice remained open a few days; the pus did not re-accumulate, and the child made a prompt recovery.

*Case IV.—Scarlatinal Dropsy with Empyema—Expectoration of the Pus—Recovery.*—In March of the same year as that in which the preceding cases occurred, while attending a child about two years old for scarlatinal dropsy, acute pleurisy of the side arose, and was followed by the signs of copious effusion. The anasarca gradually disappeared under the employment of drastics and diaphoretics, but the distress of breathing and signs of pleuritic effusion persisted for some time in spite of the usual remedies. One day, however, a large quantity of pus was suddenly expectorated with great relief; more or less pus continued to be coughed up every day for two weeks; the enlargement of the side, the dulness, and other signs of effusion disappeared, and the child gradually recovered.

It will have been observed that in all these cases the inflammatory products proved to be purulent, constituting the condition known as empyema, a circumstance which at the time much attracted my attention, and of which since then I have always spoken to my class when lecturing upon scarlatina or pleurisy. I am not aware if other observers have noticed the same thing in scarlatinal pleuritis, but I have no doubt that my cases have not been exceptional. Some of our latest pathologists have stated that the inflammatory products of pleurisy are more apt to be purulent in children than in adults, and some of them have alleged, also, that *secondary* pleurisy in children is commonly purulent. The first of these general statements, in my opinion, requires confirmation, as I am under the impression that it is based rather upon the results of the operation of thoracentesis, and upon post-mortem examination than upon purely clinical observation. Were the inflammatory products of pleurisy in children usually purulent, it would very probably be more often fatal than it is, and the operation of thoracentesis must have been more frequently practised on children