

large number of putrid pleurisies in children is also to be noted. The two principal forms will now be taken up and contrasted as to their origin, clinical history, nature of fluid, diagnosis, and treatment.

(1) *Purulent pleurisy, due to the streptococcus.* In 25 out of 62 cases the disease was secondary to lung affections. After la grippe, in 17 cases; broncho-pneumonia, 3 cases; pneumonia, 1 case; pulmonary tuberculosis, 2 cases; cancer, 1 case; dilatation of bronchi, 1 case. In 11 cases the disease followed puerperal infection.

The large number of cases in which la grippe was the primary disease is explained by the fact that these investigations were made by Dr. Netter in Paris during the season in which that disease was epidemic.

The pneumococcus form either follows a pneumonia or occurs primarily. In the great majority of cases pneumonia is the primary disease. The fact of the frequency with which empyema follows pneumonia is well established by the following statistics:

In the Koenigsberg clinic, pneumonia existed as the primary disease in 32 per cent. of the cases; at Berne, 22 per cent.; Helsingfors, 23 per cent.; Vienna, 28.6 per cent.; Hamburg, 39 per cent.; Berlin, 34 per cent.

This, sometimes called the pneumonic, form occurs much more frequently under thirty years of age, as shown by the following figures: Under 10 years, 93 cases; between 10 and 20 years, 62 cases; between 20 and 30 years, 60 cases; between 30 and 40 years, 30 cases; between 40 and 50 years, 22 cases; between 50 and 60 years, 6 cases; between 60 and 70 years, 7 cases; over 70 years, 1 case.

The pleurisy may occur during the attack of pneumonia, or it may commence towards the termination of that disease, the fluid increasing rapidly in quantity after the crisis. In the majority of cases, the pleurisy appears after the defervescence of the pneumonia. In a case which I recently saw with Dr. Bryans, the pleurisy began towards the termination of the pneumonia, and the fluid increased rapidly after the crisis. On the tenth day a small amount of fluid was withdrawn, in a few drops of which the pneumococci were found by Dr. John Caven; and on the fifteenth day the fluid had increased so enormously that it was necessary to aspirate, when 24 ozs. of pus of a greenish tint was drawn off. In this the pneumococci were the only organisms found. At the commencement of the disease the ordinary signs and symptoms of lobar pneumonia were present. A free opening was afterwards made, and thorough drainage established. The patient is doing well. The pneumonic form of empyema, of which this case is a good example, was described (by Gerhardt, in 1881) as a separate clinical variety. It is interesting to know that both the pneumonia and the pleurisy