

murmur in upper part of left side; tongue cleaning; bowels regular. The canula was now removed.

22nd.—Wound has apparently healed up; ribs have come together, there being scarcely any space between them.

26th.—Matter had again collected and forced itself through the old opening, and continued escaping for a month or two. The wound at last healed and he regained tolerable health. He died in 1854 from enlarged heart, with general dropsy. The left side never expanded, so that he actually lived for twelve years with one lung. He was never able to work, but assisted his mother in doing house-work.

I attended another case of scarlatinal pleurisy, with effusion of pus, in the Township of Burke, State of New York. He was a lad of about 13 years, and was under my charge for this disease two years and nine months. I tapped him once, removing a quart. Afterwards he spat it up through the lungs, a perforation having been made into a bronchial tube. He recovered entirely, and became a strong man, and afterwards removed to Illinois.

I have performed paracentesis thoracis frequently for empyema, following pleurisy, with general success; but invariably some time after tapping the matter was discharged through the lungs. A notable case of this was Mr. T. M., at present residing in Montreal. I removed from him eighty-eight ounces of pus at one run.

I have forgotten to mention that quinine was administered liberally, and some of them took cod liver oil, but no alcoholic stimulants were given.

HUNTINGDON, 7th December, 1872.

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MR. EDITOR,—The above interesting paper was sent me by my friend the writer, and with his consent I have forwarded it to you for publication. It affords evidence of the correctness of the opinion contained in my former paper upon the same subject, to the effect that the products of scarlatinal pleuritis are usually purulent. It is worthy of remark, also, that in two of the three cases general dropsy co existed—(whether it was so in the third is not stated)—a circumstance favouring another suggestion in the same communication as to the influence operating in scarlet fever in the production of empyema rather than of simple pleuritic effusion.

The sudden death by syncope, of the younger child, is a striking proof of the danger of copious effusion into the pleura, and supplies a strong argument, if any is yet needed, for the practice of tapping the chest when copious pleuritic effusion does not