of the ribs, dullness in dependent parts, absence of vesicular murmur and of vocal fremitus, presence of succussion sounds.

4. At the upper part of the chest, on the affected side, the lung can be discovered by the persistence of vesicular breath-sounds and vocal fremitus. The expansibility of the lung can be shown and its separation from the abscess cavity by the fact that deep inspiration will cause a downward extension of space of chest wall yielding normal percussion note and vesicular breathing.

5. The dull percussion sound which indicates the fluid exudation, changes it locality by altering the position of the patient, but this is true only of the lower part of the chest.

6. The signs of equally distributed pressure in the pleural cavity are absent or but slightly marked. The affected side of the thorax is scarcely increased in circumference; the intercostal furrows are not obliterated; the heart but slightly displaced to the opposite side. On the other hand, the liver is much displaced downwards in the case of those originating from gastric and duodenal ulcers. It can usually be felt in its new position.

7. In advanced stages, perforation through the lung, with sudden profuse expectoration of fluid of the characters described, will render the diagnosis certain.

CASE OF LOCALIZED EMPYEMA.

CARIES OF INTERNAL SURFACE OF RIBS—EXHAUSTION—DEATH AND AUTOPSY.

By THOMAS A. RODGER, M.D., Montreal.

J. C., aged 33 years, stoutly built, and of medium size, called upon me on the 16th of September, 1879, seeking advice concerning his lungs. On entering my office he seemed completely exhausted, countenance pale, almost waxy in appearance, and was suffering very much from severe dyspnœa.

On enquiry, I learned that during his boyhood he had always been of a delicate constitution; but up till the time of entering college, about fifteen years ago, nothing very definite had ever