

inches in length, and continued it until the cavity in the lung was reached. A gush of about five ounces of horribly foetid pus then took place, and with the pus several fragments of gangrenous lung tissue, the size of the end of a finger, came through the opening. A large-sized drainage tube was introduced, and the cavity was washed out twice daily with diluted Condy's fluid. The operation gave the patient great relief. He ceased to cough and to expectorate foetid mucus, and his breath lost that gangrenous odour, and the temperature, which before the operation had been very high, fell to normal. He did not, however, rally from the state of prostration, and gradually sank and died on January 4th; the operation having been performed on December 30th. For the first two days fragments of gangrenous lung were discharged, when the cavity was irrigated. On *post mortem* examination, the lower lobe of the lung was found consolidated by pneumonia, and firmly adherent to the chest wall. In its interior was a large irregular cavity, with ragged, in parts gangrenous, walls. Where most superficial it was upwards of an inch beneath the surface of the lung. There was a small obsolete tubercular cavity, with some puckered fibrous nodules in the apex of the right lung; and the kidneys were granular although the urine had not contained albumen. In this case the patient was so much reduced when he came under treatment that little hope of a successful result could be entertained. The operation, however, which was unattended either by danger or difficulty, gave complete relief to the most distressing symptoms, and by evacuating a quantity of putrefying matters which were pent up in the lung, and causing septicaemia, gave the only chance of recovery; and possibly, if the operation had been performed earlier, the sloughing portions of lung might have become completely detached, and the patient have rallied.

Dr. J. E. POLLOCK asked how long Dr. Cayley's patient had lived after the operation. [It was answered that five days elapsed before death took place.] The points of interest in these cases were—First, the question of diagnosis before the operation; secondly, the eligibility of each operation. In Dr. Williams' case the difficulty was to decide whether the case was one of pneu-