

may continue for months, or even years. An Estlander's operation may be necessary to close the cavity.

Latterly, an attempt has been made to classify purulent pleurisies according to the bacteriological factor present in each case, and, as I considered this to be of great importance from a clinical standpoint, I concluded to make it the subject of my paper.

Dr. Netter, of Paris, (Charcot's *Traité de Médecine*) has made investigations into a large number of these cases, and has found certain micro-organisms present in each one, and has discovered, moreover, that these micro-organisms play a definite rôle in the course and duration of the disease. For instance, in some he found the streptococcus alone; in others, again, the pneumococcus; and in a third set both these forms were present. He, therefore, made the following classification:

A. Purulent pleurisies the result of pyogenic micro-organisms:

(1) Purulent pleurisy due to the streptococcus.

(2) Purulent pleurisy due to the pneumococcus.

(3) Purulent pleurisy due to the less common organisms:

(a) Staphylococcus.

(b) Pneumo-bacillus of Friedlander.

(c) Typhoid bacillus.

B. Purulent tubercular pleurisies.

C. Putrid purulent pleurisies.

Dr. Netter found that in the 109 cases which he investigated the variety of pleurisy depended to some extent upon the age, as shown by the following percentages. In the first series, all the cases were taken together. In the second and third, the adults and children were separated.

(1) Adults and children: Streptococcus found in 44 per cent.; streptococcus and pneumococcus in 2.8 per cent.; pneumococcus in 26.7 per cent.; staphylococcus in 1.8 per cent.; tubercular and putrid, in 24.7 per cent.

(2) Adults alone: Streptococcus in 53 per cent.; streptococcus and pneumococcus in 2.5 per cent.; pneumococcus in 17.3 per cent.; staphylococcus in 1.2 per cent.; tubercular and putrid, in 25 per cent.

(3) In children alone: Pneumococcus in 53.6 per cent.; pneumo- and streptococcus in 3.6 per cent.; streptococcus in 17.6 per cent.; putrid pleurisies in 18.7 per cent.; tubercular pleurisies in 6.5 per cent.

Two or three points of interest are to be noticed in these statistics: The large proportion of cases in which but one micro-organism was found, proving that the disease is not often due to a mixed infection. That the pneumococcus is by far the most frequent organism found in children, while the streptococcus is found in the majority of cases in adults. The