

clear amber-coloured fluid. *Right Ventricle* contains two large colourless polypi, firm and closely adherent to the walls and extending into the pulmonary artery and the tricuspid orifice. Valves healthy.

Lungs.—Left adherent in places, crepitant throughout. Right, strongly coloured in places, crepitant at anterior border and base. Middle lobe and part of upper, firm, and the surface on section bathed with a sero-sanguineous fluid. One small purulent focus at the external part of middle lobe, not a definite collection of pus, but an area of the lung, 1" x $\frac{3}{4}$ " irregularly infiltrated.

Nothing of importance in any of the other organs.

The tissues of the neck beneath the deep fascia, principally on the right side, and in front were uniformly infiltrated with pus, this fluid having also penetrated the anterior mediastinum, and passed beneath the sternum. There was no definite or circumscribed collection of pus anywhere. The interior of the larynx was healthy. The floor of the mouth was composed of a granulating surface, from which apparently a slough had recently been separated.

ON THE USE OF THE ASPIRATOR IN HYDROTHORAX

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Thinking the following case may prove interesting, if not instructive, I venture to send it for insertion in the *Journal*.

On the 21st September, 1875, I was called in the night to see a lad named John Ross, who had been ill for some ten or eleven weeks, and was represented as in a dying condition. When I arrived I found him propped up in a chair, having been unable to lie down for the previous two or three weeks. Breathing very short and gasping. Œdema of both legs and feet, as also of the general integuments of the abdomen and chest walls, a rapid, weak, thready pulse, almost unable to speak. On physical examination of the chest I found a very weak respiratory murmur on the left side, and none whatever in any part of the right lung. The heart was pushed completely over on the left