over the lower part of the thorax but this is doubtful. The patient presents the type of latent pneumothorax according to the French authors since there is at least attenuation of the pain and dyspnœa which so frequently usher in this condition.

The case is in all probability one of partial pneumothorax, for reasons which we may discuss later.

CASE IX.—G., aged 19. This is the case to which reference will be made in discussing the etiology of pneumothorax, and will be given in sufficient detail there.

CASE X.—M. L., male, aged 9. Pyopneumothorax, origin doubtful. Left pleura. He had been ill with signs of pulmonary disease, either of pleurisy or pneumonia or both, which set in with considerable pain and cough. On sitting up after two weeks in bed considerable thoracic pain and dyspnœa were experienced. The cause of his illness appears to have been empyema. There was no succussion nor coin-sound present. This patient was operated on, a resection of a portion of the 8th rib was done and drain introduced. The recovery was uneventful.

CASE XI.—Female, E. H., aged 29. This patient was under treatment for pulmonary tuberculosis of several months duration. The disease was one of severe type and rapidly progressive. No signs of a complication with this condition were present, although signs of cavitation were described. The night before she died she complained of pain in the left lower axillary region. There were no other signs or symptoms recorded, denoting the presence of pneumothorax which was demonstrated by an autopsy and found to belong to the partial type, being situated about the upper lobe.

CASE XII.—Male, aged 56. Left pyopneumothorax. The patient had been ill with pleurisy and empyema several months and had been frequently aspirated. One cannot fix the date of the pneumothorax. Hippocratic succussion and the coin-sound were both present. He died three weeks after operation, resection of a portion of a rib, and from the autopsy report it is evident that the original cause of the complication described was tuberculosis.

THE ETIOLOGY OF PNEUMOTHORAX.

Much interest has always gathered about the question of the etiology of the somewhat rare condition of pneumothorax which occurs according to good authorities in from 3 per cent. to 12 per cent. of all cases of pulmonary tuberculosis.

The anatomists of many years ago who taught that the arteries were air tubes, regarded the presence of air in the pleural sac as an