the case the most common complaints were of thoracic pain, cough, respiratory distress and weakness. These were especially evident in patients who had had the attack of pneumonia outside of the hospital, recovered as they thought and then came to the hospital on account of the return of symptoms. In these patients the complaint of weakness was perhaps the most common. Some of them had gone back to work but had been compelled to give up on account of lack of strength. As regards the complaint of pain, it may be noted that sudden pain sometimes appeared during the course of delayed resolution and was generally associated with the finding of a friction rub.

It is very evident that the general picture shown by these two conditions may be much the same. There may be little change from the condition shown in the attack of pneumonia, or, as is commoner, there is some improvement for a few days, but the fever, some symptoms and physical signs persist. There may be a certain amount of distress and dyspnæa in both conditions, and the patient may emaciate, lose color and gradually become weaker. It is perhaps best to consider the various features separately.

Fever.—This was the most common symptom in empyema, being present in every patient and in only two was it slight. There are all kinds of variations in the fever course, the most common picture being a certain amount of irregularity—the temperature varying from 99° to 102° or 103°. In delayed resolution the occurrence of fever was not as constant, there being five cases in which it fell to normal after the pneumonia and remained there. As a rule the degree of fever was less than in empyema, as in the largest number it varied from 99° to 101°. The duration of fever is very different in the two conditions. As a rule it continues in empyema until the pus is evacuated, although in a few cases it declined steadily and almost reached normal, even with pus present. In delayed resolution, on the contrary, the tendency is for the temperature to return to normal. There is, however, a great variation in the duration.

Pulse.—In the largest number of the empyema cases the rapid rate during the pneumonia persisted with the complication. In 4 it fell to normal at the end of the pneumonia and then rose gradually; in 3 it was rapid during the pneumonia and then fell to normal during the empyema. In delayed resolution the rate was usually lower; in only one case was it over 120 and in the majority it was not over 100. Bradycardia occurred in 3 cases during delayed resolution.

Respiration.—This showed more constant change than did the pulse. In the majority of the empyema cases the rate was rapid, never reach-