and dull on percussion. The movement was abolished and the breath sounds everywhere very indistinctly audible, while on the right side the movement was very free and the respiratory sounds loud. There was a fluctuating tumour below and to the left of the left nipple. This was at once punctured and an ounce and a half of pus was evacuated. The puncture was made over the fifth inter-costal space below and in the line of the nipple.

On the third of August, he was reported to have steadily improved since the abscess had been opened. He was able to lie in different positions, though for the first fortnight he would only lie on the left side. There had been some discharge from the opening each day but it had gradually diminished. The side continued dull on percussion posteriorly, but the breath sounds were distinctly audible everywhere, except in the lower anterior, lateral and posterior regions where the dulness was still very marked.

On the sixth the discharge from the opening had entirely ceased; the side was somewhat contracted, the resonance on percussion was still impaired and the respiratory sounds were only feebly heard at the lower parts. When he lay upon his back there was an abnormally tympanitic sound in the upper mammary region, with feeble respiratory sound, no doubt indicating the presence of some air in the pleural cavity. He was discharged cured on the 17th.

Case 4.—Empyema opening externally in a child; disease of lung; death.

Marion Davies, aged five and a half, the sister of the subject of the last case; admitted into St. Thomas's Hospital, July 19th, 1875. She had been taken ill with feverishness and sickness two weeks before her admission, and three days after her brother was attacked. A few days after she was troubled with a very severe cough and her breath was very offensive and she brought up much expectoration, and on admission it was evident that there was considerable effusion in the right pleural cavity. Three days before admission a swelling made its appearance at the lower part of the right side. This was evidently an abscess and was at once opened and about three drachms of offensive pus were let out, and a probe being introduced, passed entirely across the pleural cavity and its point could be felt under the skin at the back. The day after, the child had a violent fit of coughing and brought up with a gulp some fetid purulent matter. The opening into the abscess was over the seventh inter-costal space, in the line of the anterior fold of the axilla. She did not improve after the operation. She had a troublesome cough but not generally any expectoration and her breathing was very much embarrassed. She had diarrhœa and in one of the stools passed some pus. She had marked hectic symptoms and died exhausted on the 4th of August.

On examination the right lung was found entirely collapsed. The middle and lower lobe adhered firmly to the parietes and diaphragm. In the upper lobe there were several foci of softened lung tissue like breaking down masses of broncho-pulmonary consolidation. Openings in the 6th and 7th inter-costal spaces led obliquely from the external abscess into the cavity of the pleura. There was also an abscess behind the sternum opposite the fifth costal cartilage, which however had no communication with the pleura. No communication could be found between the right pleural cavity and the bronchi, but the bronchial mucous membrane everywhere in the right lung was much inflamed. The left lung was free from disease, except that it was slightly emphysematous in front, and there were some recent adhesions between the pleural surfaces at the base. The heart and other organs were healthy, but there was recent peritonitis and turbid serum in the peritonal cavity.

It is, I think, rarely necessary to puncture the chest in cases of acute pleurisy and I have never had recourse to the operation in such cases, unless when the dyspnœa was so urgent as to imperil the patient. In the subacute cases also, if the effusion has not been of long duration, it is usually readily absorbed under appropriate treatment. In the first case which I have related, which was one of this kind, the effusion had not long existed, and the child was fairly healthy, it would therefore probably have soon been got rid of under treatment, but as the amount was apparently large, it was thought safer not to lose time and the fluid was there-