sidered in the light of the fact that the characteristic signs developed shortly after a negative exploration, leave but little doubt as to the relation of the pneumo-thorax and the thoracentesis. The report, recently received, of the patient's good health after two years, favours the view, that at all events, pneumothorax in this instance was not likely due to the great cause—pulmonary tuberculosis.

There seems good reason to believe that pneumo-thorax occurs much more frequently than one is led to conclude from the number of cases reported upon. They escape observation and the air is rapidly absorbed.

Case III.—Male, aged 57, blacksmith and boilermaker; was admitted on the 26th of May, '05, ten days after the sudden onset of his illness, following exposure to cold. He was the subject of fever, weakness, cough and pain in the left side of the chest near the base of the lung. The physical signs observed over the painful area were dulness on percussion from the third rib downward, and into the axilla and well down over Traube's space. The breath sounds were distant and in the axilla a few moist rales were heard. Fluoroscopic examination revealed a cloudiness over the lower portion of the left lung-field, with no shadow over the right lung-field. The heart was not displaced.

On the 27th of May an exploratory puncture was made in the left axilla resulting in the withdrawal of but a few drops of frothy blood-stained fluid. It was thought that during the next few days the signs cleared up somewhat, but the temperature ran an intermittent course, and subsequently the dulness was, if anything, more pronounced. The patient had coughed throughout his illness and the muco-purulent expectoration was sometimes streaked with brown, resembling altered blood, and at other times it was distinctly blood-stained. No tubercle bacilli were found, although they were frequently looked for. Another exploratory puncture was made about three weeks after, *i.e.*, about the end of June, with the result that but a few drachms of clear fluid were withdrawn. On the 1st of July, the previous attempts having been rather unsatisfactory, and in the light of such positive evidences of fluid, it was again decided to use the needle, and again practically the same result followed. Another week went by without improvement. Pain was complained of over the left side of the abdomen, made worse while at stool. He vomited occasionally, and a small area of œdema was observed over the lower portion of the left thorax. We felt that yet another attempt to solve this rather difficult case should be made and, accordingly, on the 8th of July, for the fourth time, thoracentesis was done in the hope of finding pus or an abscess. An exploratory puncture was made in the 8th interspace in the posterior axillary line; the