

in the lung. In the second case with death on the fifty-seventh day there was a very marked increase in the fibroid tissue in the lung and the pleura also showed considerable thickening. However, so far as one can tell clinically some patients have delayed resolution for longer periods than these and recover entirely as far as ordinary examination can decide.

The lesson to be learned from the rapidity with which these changes may appear is the importance of early diagnosis. Every day that the empyema goes untreated or that delayed resolution persists increases the likelihood of permanent damage which cannot be recovered from as regards function. Another point of importance in empyema is the danger of complications. Naturally it is difficult to say whether the empyema had any special influence, yet when meningitis, pericarditis or endocarditis appears in a patient with empyema some time after the pneumonic attack the question arises as to whether this may not have been secondary to the empyema. For example, in one patient empyema was recognized on the twelfth day, at a time when the pneumonia was still extending, and operation was done on the fifteenth day; pericarditis appeared later and death occurred on the twenty-fourth day. In such a case it does not seem probable that earlier operation would have made any difference. In another case the empyema was recognized on the seventeenth day and was operated on at once. Death occurred on the fortieth day with endocarditis and meningitis. In another instance in which operation was done on the twentieth day the pleural condition was satisfactory but the patient died on the forty-sixth day with myocarditis and infarction of the lung. While it is doubtful how much effect the persistence of the empyema may have, yet there can be no question that early operation diminishes the risk of later complications, such as endocarditis and meningitis.

*Symptoms.*—Onset. There is very little to be said regarding this in either empyema or delayed resolution. As has been said, the study of this series suggests that empyema is usually present at the termination of the attack of pneumonia and hence the symptoms of the two will be more or less continuous. No special features such as a chill or increased pain, which might be regarded as due to the onset of the empyema, were recognized. In the majority of the cases the temperature never reached normal, or, if it did, this was only for a few hours.

In delayed resolution it is also evident that there is little to be said regarding the onset, although there is one group of patients in which the temperature falls either by crisis or lysis and the patient feels fairly well for a time, to complain later of other symptoms. When this was