

Mr. Bartleet now introduced the aspirator needle behind, within the line of the angles of the ribs, between the eighth and ninth rib, and drew off twenty-six ounces of healthy pus, eight ounces having been previously removed by a syphon tube introduced through the opening in front. The last draw of the aspirator occasioned considerable pain, and the discharge was freely mingled with blood. The puncture by the needle was then enlarged into a free counter-opening, and Mr. Bartleet passed a drainage tube freely perforated at the side from the opening in front through that behind.

During the 106 days which preceded the making of the counter-opening, the temperature, pulse, and respiration had been regularly noted by the clinical assistant, Mr. G. V. Blake. The temperature was persistently above the normal standard. For the first forty-five days the evening temperature was twelve times between 102° and 102.5° , and although subsequently the temperature in the evening ranged between 100° and 101° , it only three times fell within the normal range, and was above 101° within four days of the opening. The morning remissions in the majority of days (sixty-three) were within the standard of health. The pulse retained relation to the temperature, but the breathing, though occasionally quickened, ordinarily ranged from 18 to 22. Four days after the opening was made, the temperature fell permanently and completely to the natural standard, and the appetite, not previously bad, underwent such an increase as to surprise the patient. The chest contracted, the ribs became somewhat flattened at their angles, and a slight double curve appeared in the vertebral column.

The counter-opening was made on September 26th, and the drainage-tube was removed on October 30th. The patient is now quite well, with a fresh complexion. The left side of the chest has lost an inch and a half in girth; the left shoulder is depressed one inch, and there is a slight double curve in the spinal column. This of course implies that a large amount of healthy lung exists, as is indeed the case. The sounds of respiration are clear, though rather more feeble than natural, over the entire anterior region of the left chest. It is noteworthy that they have somewhat declined in distinctness since opening, owing probably to the contraction of the chest-wall. Posteriorly the dulness is decidedly lessened and distant; respiratory sound is audible; vocal fremitus has been nearly restored. Physical signs on the right side are still quite normal.—*Lancet*.
