

of the afternoon. In each case the lung was firmly adherent to the chest wall, making the operation almost as simple as that for empyema, and finally the results of draining the cavities were most satisfactory. Localization of the abscesses, alone, was difficult, the aspirating needle failing to give evidence of pus even when it had undoubtedly entered the cavity. This is easily understood when one considers that such a cavity is necessarily at times more or less completely emptied by a fit of coughing, and that its contents are moreover thick and viscid, containing generally much mucus and some shreddy material (gangrenous lung tissue), especially if the case is a comparatively recent one.