

make it probable that it is from the usual source, viz., the pulmonary vein.

Excluding those cases of pneumothorax which are the result of traumatism, statistics show that between 80 and 90 per cent. are due to tuberculosis, the remainder being due to such acute diseases as pulmonary gangrene, abscess, and infarct, or the more chronic conditions, as cancer, hydatids and emphysema. Among these rare cases is to be mentioned lung-hepatic fistula, the result of gall-stones and abscess. Gangrene and abscess may be the result of labor pneumonia, broncho-pneumonia, or infarct. The essential cause of such destructive changes being the advent of various septic or putrefactive organisms. In all such cases as would be expected, the course of pneumothorax is short and fatal. When it occurs in the course of phthisis, it may do so either early or late in the disease, indeed it may occur so early as to be the first recognized indication of pulmonary disease. On the other hand, it not infrequently terminates the course of chronic phthisis.

The following brief notes of two cases which were under my care in St. Michael's Hospital, will illustrate the above points:

J. D., aged 18; was admitted late at night, suffering from severe pain in the right side and extreme dyspnea; he was cold, pulse small and rapid, and was in extremis. He stated that while going home about an hour and a half previously he was instantly seized with pain and shortness of breath; he reached home with great difficulty, but was so distressed that he had to be brought to the hospital. Examination showed the right side of the chest immobile and slightly distended, with high pitched, though clear percussion note, and total absence of breath sounds. Face pallid, breathing rapid and gasping, and patient unable to lie down. He died in about three hours. At the autopsy the right half of the diaphragm was much depressed, and air escaped with force on puncturing. On the anterior aspect and near the middle of the right upper lobe was a patent opening about the calibre of a knitting needle, the edges of this opening were firm, and some recent adhesions were about and immediately beneath it. In the substance of the lung was a cavity the size of a small filbert. Several tubercular nodules were found scattered throughout this lobe, and some old adhesions were about the apex. A few small nodules were found also in the left apex, and in the right pleural cavity a small quantity of sero-fibrinous fluid. Special inquiry before his death elicited the fact that, though not considering himself ill, he had not been in the best of health for some two or three months, and had in fact had a slight cough, for which he was taking medicine.