

body; the urine was scanty and high-colored, but its chemical characters were not taken. As her strength failed rapidly, her breathing was short, and no signs of absorption had appeared after six weeks treatment, I resolved to tap the chest, and did so on the 20th May by a direct plunge of the trocar into the eighth intercostal space, in a line with the inferior angle of the scapula. A little over a pint and a half of healthy pus escaped when air began to enter the chest, and the trocar was withdrawn and a bandage applied. Wine, *ad libitum*, egg-nogg, and animal broths were ordered at short intervals, and the tonic mixture was continued.

May 24th.—Orifice closed; no discharge of pus since 20th; the percussion dulness extends as high as the spine of the scapula; the bulging of the second and third left intercostal spaces in the infra-clavicular region is as great as before the tapping; pulse very weak and frequent. I thrust a large trocar through the former opening, and evacuated two and a half pints of healthy pus, and the left chest filled with air. Left the wound open.

26th.—Orifice closed; blowing respiration audible as low as the puncture; coughs more; œdema of legs increasing; eats better, and drinks about ten or twelve ounces of wine daily.

28th.—To have a mixture of muriated tincture of iron, quinine, and chloric æther, three times a day.

29th.—In great distress from pain while coughing; the tumour upon left mammary region emits a dull note on percussion over its lower half, owing to the presence of fluid, and a clear one over its upper half, from the existence of subcutaneous air. Made an incision into the tumour about the lower border of the fourth rib, and gave exit to two tumblersful of colourless pus; the opening in the back likewise discharged about two ounces of pus. Air escaped from the anterior incision during coughing. To have one-eighth grain Pulv. Opii., *pro re natâ*, to relieve pain and cough.

31st.—Easier; no cough; no expectoration; a very liquid mucous râle audible in left infra-clavicular and lateral regions, proving partial expansion of the lung; a little thin pus escaping from the anterior incision.

June 2nd.—Only a small quantity of discharge from anterior orifice; not any from the posterior; lower half of chest dull on percussion, but a mucous râle audible to day in left infra scapular region; heart in its natural site; pulse 156, weak; œdema of lower extremities much reduced.

June 4th.—Cough reduced to one paroxysm a day; scarcely any bubbling to be heard in left chest; appetite very good; has sat up for last three days.

This child steadily improved and regained her health.