

was an ægophonic twang with the voice about the lower angle of the left scapula. The apex of the heart beat below and to the right of the right nipple. The right side of the chest was very flat under the clavicle, and the resonance on percussion was impaired, and the respiratory sounds very harsh. He was much prostrated and had the aspect of a person suffering from serious disease. It was obvious that there was some effusion in the left pleural cavity, and it was thought probable that this might be purulent; it was therefore decided to puncture the chest; this was done by Mr. Bark on the 10th, when twenty-four ounces of pus were removed by the aspirator.

On the 17th he had been relieved by the operation and the heart soon after returned to its normal position. There was still a marked dulness on percussion and absence of vocal fremitus in the left dorsal region and the ægophonic twang was still heard. There was somewhat abnormally clear resonance on percussion in the left mammary region when he lay upon his back; where also there was a metallic echo with the cough; and these signs changed their situation with changes in his position. He had a troublesome cough and expectoration, did not sleep well and perspired much at night; but he took his food well and was upon the whole better. On the 22nd he suffered from diarrhoea and this continued till the 29th, on that day a small abscess formed in the seat of puncture, and on being opened, a few drops of pus escaped; on the 3rd of November a fluctuating swelling had formed a little above the seat of the final abscess and on the 4th an unsuccessful attempt was made to pass a probe from the former opening into the abscess, an incision was therefore made from the seat of puncture into the pleural cavity and forty-four ounces of pus were removed. A drainage tube was then inserted and during the afternoon and evening fourteen ounces of pus flowed through it. After this discharge the fluctuating swelling disappeared. On the 10th, though there had been considerable discharge through the tube, at intervals it had entirely ceased, the tube was therefore removed and the opening immediately closed.

On the 21st his condition was very much

improved. There was still dulness on percussion in the lower parts of the side, but the breath sounds were audible over nearly the whole side. On the 19th he had continued steadily to improve and had very little cough or expectoration and there had been no return of discharge from the opening which was indeed quite healed.

On January 2nd 1878, he had scarcely any remains of cough or expectoration, his breathing was better, he took his food well and was gaining strength and was altogether going on favourably. The cicatrix of the puncture and incision is situated in a line with the posterior border of the axilla, at the lower margin of the eighth rib. The chest is still very flat on both sides in the infra clavicular regions, the movement is imperfect, and the dullness is still marked in the lower dorsal and lateral regions; but the respiratory sounds are audible over the whole side, though feebly in the lower dorsal and especially in the lateral regions. The resonance on percussion is impaired at the upper part of the right side and the breathing is somewhat bronchial and there is some increase of the cough and vocal resonance. The heart beats in the left side between the nipple and lower end of the sternum.

Case 3.—Empyema in a child opening externally; recovery.

This and the following case occurred in two children, a brother and sister. The symptoms appeared very much at the same time and were very similar in their character. It seems therefore not improbable that the suppuration in the pleural cavity occurred in connection with some septic poisoning—such as scarlet-fever, though no history of such an illness was obtained.

Albert Edward Davies, aged seven, admitted into Victoria Ward, St. Thomas's Hospital, July 14th, 1875, labouring under an empyema of the left side of eight weeks' duration. It was reported that he had never had any of the diseases of childhood, and was indeed in good health till he began to suffer from pain in the left side, followed by feverishness, sickness and delirium, and he had got gradually worse till his admission into the hospital.

The left side of the chest was much expanded