elicited over the right side. The patient died five weeks after the onset of this complication manifestly with general tuberculous infection as both lungs showed tubercular disease. She was delirious and diarrhœa was a constant feature.

CASE VI.—K. N., female, aged 19, was admitted on Oct. 5th, 1898, with right-sided pneumothorax. The onset was sudden. The health had been failing, marked by loss of flesh, slight cough, tendency to take "cold," recent anæmia and weakness. One sister gave a history of tuberculosis. (More particularly; after a severe chill on awakening one morning and getting up, she returned to bed and slept for about two hours, to awaken again in profuse perspiration, with substernal pain, lasting for two days and then referred to her right side, with catchy breathing, amounting to dyspnœa).

Condition on admission; normal temperature, respirations 40, pulse, 100; with one exception the temperature remained normal throughout the following 18 days of stay in hospital. The pulse and respirations were not accelerated after the 4th day. Dyspnœa was not a marked feature. Attitude in bed was dorsal and lateral, without preference. The thoracic examination showed asymmetry, right side more prominent, hyper-resonance of the right side, weak respiratory sounds with moist râles of a peculiar metallic ring. Vocal resonance had a metallic ring also, the whispering was somewhat cavernous. Coin sound and succussion sound were absent. Cardiac displacement was marked, the mid-axillary line in the 7th interspace showing the apex pulsation. Dulness from above downwards began at the level of the nipple and transverse cardiac dulness began to the right of the mammillary line. Abdomen, right upper quadrant, showed evidence of displaced liver. The progress of the case was favourable throughout, dyspnœa diminished and a state of general wellbeing was experienced. The coin sound was elicited on the 8th of October, seven days after the probable onset, in a very limited area about one inch square just at the level of the seventh rib at the posterior axillary border.

Oct. 12th.—Four days later two other small areas were discovered giving this sign. One was found just below the angle of the scapula and was about the size of the bell of an ordinary stethoscope while the other about the same size was in the axillary space at the level of the 8th interspace.

Oct. 16th.—Yet four days later, the anterior and posterior areas above mentioned, *i. e.*, the first and third failed to give this note and the coin test was positive in one area only.

On Oct. 20th it was absent.

On Nov. 3rd it was still absent.