

bring out the much greater relative frequency of the process in the lower right lobe. The upper right and both left lobes showed delayed resolution about once in thirty cases but the lower right about twice in thirty cases. It is difficult to give any explanation of the greater relative frequency of delayed resolution in the lower right lobe. The circulation cannot be regarded as having any influence, and it is difficult to understand why there should be any difference in ferment action on the two sides. Thus one patient had involvement of both lower lobes with a termination by lysis on the eighth day. By the seventeenth day the left side had cleared entirely but there was no sign of resolution in the right side. It may be suggested that the anatomical relations may have some influence, and it would be interesting to determine whether expansion returns more rapidly after involvement of the lower left than of the lower right lobe.

Taking the whole question of the etiology of delayed resolution it will be noted that the factors often given, such as advanced age, apical involvement, cachexia, etc., cannot be regarded as being important in this series. Two points stand out—the greater frequency in the colored race, and when the lung involvement is considered the more marked frequency in the lower right lobe.

*Pathology.*—It is not proposed to discuss this in any detail, the most important point from the clinical aspect being the character of the changes which occur and the rapidity with which they appear. There can be no doubt that every day a patient is allowed to go with empyema or with an unresolved lung after pneumonia, the greater is the danger of permanent change occurring. In the instances of empyema which came to autopsy there was evidence of marked early change; thus in one patient in whom the pleura was drained on the tenth day from the onset of the pneumonia, death occurred on the twenty-fourth day from streptococcus septicaemia and the pleura was found to be markedly thickened. In another patient, in whom the empyema was drained on the twentieth day, death from myocarditis occurred on the forty-sixth day and at autopsy the pleura was everywhere adherent, with adhesions so firm that they were separated with difficulty. Changes in the lung may also develop with great rapidity; thus in one patient dying on the twenty-fourth day from the onset of the pneumonia there was marked thickening of the pleura and decided fibroid change in the lung. Turning to delayed resolution we find that with this the development of permanent change may be very rapid; thus in one patient dying on the twenty-fifth day with suppurative pericarditis, the pleura was adherent, the adhesions showing marked signs of organization with evidence of fibroid changes