the cavities, at autopsy, was found beginning dilatation of the bronchi where no healing process was apparent. Körte admits that there may have been in these cases a pre-existing bronchial dilatation which favored the development of the gangrenous process.

Tuberculous cavities are not suitable for operation.

Patients sometimes seem to develop gangrene without a pre-existing pneumonia or lung disease. Emboli may arise from a puerperal infection, retro-cecal and appendical abscess. Embolic abscesses are frequently multiple and in that case are not adapted to surgical treatment. In one, inspiration of water while bathing was a cause. Typhoid fever, measles, facial erysipelas and bronchitis may be etiological factors; in one, tropical dysentery and liver abscess. In acute cases the abscesses are generally solitary.

When once the diagnosis is made and the cavity located it is unwise to delay operation because of the danger of hemorrhage, extension of the disease in the lung, bursting into the pleura, and the occurrence of metastasis and sepsis.

Reasons which justify delay in operation are persistence of the acute pneumonic process and the desirability of having firm adhesions of the two pleural surfaces. These, however, should not be allowed to weigh against early evacuation of the pus when there are well-marked indications for the same.

In the early stages the abscess walls surrounding the tissue are softer and more yielding than they are later on.

In chronic abscess the conditions of healing are much less favorable, as the walls are hard and unyielding. To bring a chronic abscess to healing generally requires extensive resection of ribs and often of the thickened visceral pleura as well.

While it cannot be denied that certain cases recover after rupture of the abscess into the bronchus, yet experience has shown that this is an uncertain result, and that the mortality in unoperated is very much larger than in operated cases. In diffuse bronchiectasis the conditions are quite different, the disease is not so localized—operation is not so satisfactory, and the prognosis is not so good. The drainage of localized bronchial dilatations is sometimes successful.

Resection of a whole lobe has sometimes been found necessary, and is sometimes followed by success. The operation, as a rule, is undertaken for the relief of abscess and gangrene.

Operations for the relief of large hemorrhages are not easy. There is the difficulty of coming directly upon the bleeding point and the danger of the patient bleeding severely into the