

of right pleurisy, suddenly developed those of pyopneumothorax; paracentesis was performed, the liquid evacuated being exceedingly foetid. Notwithstanding this unusual character of the evacuated fluid, Dr. Leyden, who saw the case, had no doubt of the correctness of the diagnosis previously made. The patient died fifteen minutes after the operation, although only 1,500 cubic centimetres were removed. At the autopsy, to his great surprise, the exudation was situated, not in the pleural cavity, but below the diaphragm, which was so strongly displaced upwards that the signs of true pyopneumothorax were closely simulated. The origin of the abscess in this case was a perforating ulcer in the duodenum. Pfuhl in this paper refers to two other cases, which were the only ones he could find recorded at that time, three years ago. One of these, by Wintrich, occurred at the Wurzburg Clinic, and was the case of a woman in whom the effusion took place on the left side, and originated in a perforating gastric ulcer. Here, also, a diagnosis of true pyopneumothorax was made. Termination, death.

The second case was that reported by Sturges. This occurred on the left side of the chest, and, as in the previous case, besides the displacement upwards of the diaphragm, there was also great displacement of the heart to the right side. This case ended in spontaneous recovery.

Dr. Bernheim publishes another case, in the *Revue Medicale de l'Est*, for the 15th December, 1878.

Dr. Sænger, of Leipzig, publishes an article in the *Archiv für Heilkunde*, for 1878, based on three cases observed by him, ending fatally, and verified by autopsy. The first two cases resulted from injury—a fall and a blow, respectively. The third case resulted from perforation of an old gastric ulcer.

Levison, of Copenhagen, publishes a case, quoted in Börner's *Deutscher Wochenschrift*, 1878, No. 3, s. 32. This patient, a man of 22, was admitted to hospital with symptoms of peritonitis from perforation. A few days later the physical signs of pyopneumothorax became apparent—tympanitic percussion sounds and amphoric phenomena on auscultation. A diagnosis of pyopneumothorax, in consequence of perforation of the