

was then enlarged and a cavity as large as a Florida orange was evacuated. The contents of the cavity were foul smelling pus and portions of gangrenous lung.

This patient made an uninterrupted recovery, and within a few months was perfectly well and strong. (This case has already been reported in the *Montreal Medical Journal*, in a communication entitled "Cases of Gun Shot Wounds of the Chest.")

The second case referred to was of a boy 5 years of age, who after a left-sided pneumonia in December, 1894, developed a septic condition which was followed by periodical evacuations by the mouth of foul smelling pus. A dull area was found on the axillary line, extending back in a less marked degree towards the spinal column. A portion of the sixth rib was removed; adherent fibroid lung was found. Explorations with a large-sized trochar failed to discover pus.

This was on the 2nd of March, 1895. On the 28th of March exploration by a needle over the whole dull area failed to discover pus.

On the 26th of April, 1895, the patient was anæsthetised in an erect posture (on account of the difficulty from the pus pouring into the bronchial tubes when he was in a recumbent posture); a slight dull area was found just anterior to the posterior axillary line on a level with the fourth rib. An aspirating needle was passed through a hard firm structure inside the chest wall and pus was found. An inch of the rib was removed. The fibroid lung was perforated with the thermo-cautery to a depth of half an inch or more and a pint of foul smelling pus evacuated. A rubber tube was introduced and the conditions immediately improved and the patient made an uninterrupted recovery.

On the 26th of September the following year (1896) the patient was brought back to the hospital with an acute meningitis and died. No autopsy was permitted.

Some points of interest in these cases to which I would call attention are the following:—

The abscesses in each case followed a pneumonia, and judging from the symptoms, probably began as a local gangrene of lung tissue. As one would expect, the abscess communicated with the bronchi with the result that evacuations of horribly foul smelling pus, at first more or less intermittent occurred, and continued until the cavity was drained. In each case there was considerable difficulty about the anæsthetic, and in the case exhibited to-night general anæsthesia was impossible on account of the filling of the bronchi with pus which interfered with the breathing, and produced violent spasms of coughing. In this case, the attempt to administer ether, which was only maintained for a few minutes, kept the patient in a condition of semi-asphyxia and violent coughing for most