

We must then conclude either that the condition has lasted beyond the usual length of time, or that the onset was latent.

In a recent work entitled "Diseases of the Organs of Respiration," by Samuel West, is a table showing the duration of the condition in 76 cases, 39 being known accurately, 37 approximately. Of this number 45, or 60 per cent., died in the first month, and of the remainder nine died in the second month, but one case being alive at the end of nine months.

On this point, it is further stated that 46 per cent. die within the first week, and "of those that were fatal within the first two weeks, no less than one-third died on the first day."

In our case it is all but certain that the condition has lasted for a year at least, for the family physician reports having found "the heart on the right side" so long ago, and that, too, when there had been no unusual symptoms pointing to the chest. The possible objection that there is a condition of congenital transposition of the viscera is practically disposed of by the fact that there is no such condition within the abdomen.

With regard to the latency, this is a rare mode of onset of pneumothorax. In the list of cases above referred to there were but five examples. In such cases the usual striking symptoms are either entirely absent or so slight as not to attract attention, the condition being accidentally discovered by the presence of the characteristic physical signs.

As in the more common form, this atypical onset may occur in the course of phthisis, which may or may not have been previously recognized.

The hemiplegia is another rare feature of this case. There is a well recognized connection between such pulmonary conditions as abscess, gangrene, excavation, etc., and cerebral abscess. The same relationship exists between empyema and cerebral abscess, but abscess is not the only intracranial lesion resulting from empyema, as thrombosis, embolism, and softening have been recorded. The site of such lesion being most frequently branches of the sylvian artery, when such complication occurs, there may be hemiplegia, which is sudden or gradual in onset, and usually accompanied by headache and convulsions. The probable origin of the embolus is from thrombi, which are formed in the lungs, and from there carried to the left heart.

In the present example, the gradual onset, without at any time loss of consciousness, the marked initial recovery, with subsequent relapse, would indicate a thrombosis, following on a small embolus. As to the origin of such embolus, the absence of cardiac murmur, and of any other modification of the heart sounds would