J. ALEX. HUTCHISON, M.D. I would like to add in conclusion that no case would appear too advanced to have one hope for a successful result. I had a case a few years ago where the patient was almost unconscious. He had been advised not to submit to any operation and his friends were also against any operative interference, though his family physician and myself had advised it for some time. Against this opposition, however, we opened the cavity and drained it without an anæsthetic as the patient was unconscious, and the case made an uninterrupted recovery. This would show that the gravity of any particular case should not prevent one endeavouring to drain the cavity just like an abscess elsewhere. We are all indebted to Dr. Armstrong for his excellent paper.

E. HAMILTON WHITE, M.D. I was much interested in Dr. Armstrong's reference to foreign bodies as the etiological factor of importance in some of these cases. Such cases furnish a very important field for the use of bronchoscopy, both as a means of diagnosis and in suitable cases for treatment: Professor Killian reported a case last year which illustrated some important points. The patient had had symptoms of a chronic lung abscess for five years. No history pointing to foreign body aspiration was obtained until after an X-ray showed a nail in one of the bronchi. It was then explained that the man was an epileptic and had once taken a seizure while at work with some nails in his mouth. The case presented special difficulty owing to a stenosis of the bronchus above the foreign body. The nail was removed by means of the bronchoscope and the result very good. I had an opportunity of seeing a case in Siebenmann's clinic where the symptoms were somewhat similar and with a history of aspiration of a piece of nutshell some four of five years before. A thorough examination with the bronchoscope failed to reveal any foreign body. The case was operated on later by a surgeon, but he also failed to locate any foreign body.

G. E. ARMSTRONG, M.D. Dr. Shepherd's remarks recall a case that was really of great interest, one which Dr. Molson and Dr. Gordon sent over from the medical side with a diagnosis of pulmonary abscess. The diagnosis seemed to be pretty definitely made with the aspirating needle which brought away a small quantity of pus. On opening into this area, I came into a space which I was subsequently able to define pretty distinctly as situated between the middle and lower lobes of the lung on the left side, the space containing a small quantity of sero-purulent matter, perhaps a couple of ounces. The abscess was not, strictly speaking, within the lung and therefore was hardly a true lung abscess. Neither was it in the pleural cavity but located between the lobes of the lung, an interlobular abscess. Such collections may be found