the left pleura, with compression of the left lung, and displacement of the heart. After two aspirations of 45 oz. of pus in all hippocratic succussion was obtained, while the coin sound and metallic tinkling were absent. The third aspiration was performed nine days after, after which metallic tinkling, the coin sound and succussion splash were elicited. The course of the case in the hospital was afebrile with but one exception and patient showed marked improvement, doubtless due to the aspiration. Further operations were not performed, as the patient left the hospital and was lost sight of. In this patient downward displacement of the spleen was observed, while her case affords a typical example of latent pyopneumothorax.

CASE IV.—M. D. McM., aged 24, male, was admitted August, 1895, with pyopneumothorax of tubercular origin, left-sided. The onset had been sudden with almost total collapse. His previous health had been failing, marked by loss of flesh, cough, chills and fever, malaise and sweating at night. There had been slight expectoration of blood, Physical examination of the chest on admission showed cardiac displacement to the right; the left side of thorax was bulging, with a tympanitic note; the coin sound was present, but no succussion. Metallic tinkling on respiration was present and succussion was elicited after several weeks. It may be said, however, that the patient's condition did not justify the movements necessary to demonstrate the presence of succussion until several weeks after he was admitted. The pulse was constantly rapid, the temperature febrile during most of patient's stay in hospital and dyspnœa was a variable feature. The right lung showed signs of disease, manifest by localised pleuritic rub, and a few fine crepitant râles. The patient after nine weeks in the hospital accomplished a train journey of several hundred miles and lived for some months, fully seven months and a half after the onset of this complication.

CASE V.—K. H., aged 14, female, was admitted on 11th of January, 1896, with right-sided pneumothorax, of tubercular origin. The previous health had been poor as shown by weakness, cough, hoarseness, feverishness. The onset was rather sudden, characterised by severe pain in right side, but no marked shortness of breath. Condition on admission was as follows: Febrile temperature, rapid pulse, dyspnœa, signs of apical infiltration of the right lung with pneumothorax over the lower portion of the thorax, shown in cardiac displacement to the left, dulness beginning one inch to the left of the left edge of the sternum, distant amphoric breathing. Tympanitic resonance, faint respirations, metallic tinklings, the coin test, were observed but no succussion splash. Thirteen days after admission succussion splash was