

ing much from shortness of breath, and was greatly prostrated. On examining his chest, the left side was found very much expanded, and there was a marked fulness in the mammary region towards the sternum. When in the upright position the whole of the left side was remarkably dull on percussion, and the respiratory sounds were entirely absent, except immediately below and above the clavicle, and at the upper part of the chest and to the left of the spine behind. In the latter situation there was a *souffle* heard with the cough, and towards the lower angle of the scapula the voice was markedly ægophonic. When in the recumbent position the sound on percussion in the mammary region was obviously tympanitic, and the relative positions of the clear and dull portions changed with the variations of the position of the patient. The pulsation of the heart was visible to the right of the sternum, at and about the level of the nipple, and the sounds were there audible, while very indistinct in the normal situation. On the right side of the chest the resonance was clear everywhere except beneath the clavicle, when there was some dullness on percussion, but without any rhonchus; the respiratory sounds were elsewhere loud and compensatory. It was evident that the young man had a considerable effusion on the left side, with some air in the pleura; but the precise nature of the case was not clear. From the occurrence at intervals of severe fits of coughing, followed by copious expectoration, it seemed as if the fluid in the pleural cavity might have made its way through the lungs into the bronchi, and the air might have entered the pleural cavity by the opening so produced; but, on the other hand, the history seemed rather to point to a mere chronic affection of the lung, which, leading to a tuberculous abscess, might have been followed by the pneumothorax and empyema. It was evident that the probability of benefit resulting from the evacuation of the fluid would be much influenced as to which of these views was the correct one. As, however, the patient's breathing was very laboured and difficult, and he was suffering from much constitutional disturbance, and was greatly prostrated, it was decided to attempt his relief by evacuating the fluid from the chest. Accordingly the chest was punctured by Mr. Hilton on November 7, and 84 ounces of a dark-greenish coloured fluid were evacuated, after which the tube was removed and the opening closed. The first effect of the operation was to afford considerable relief; the breathing became much easier, and there was an improvement in the general symptoms, but the amendment was only of short duration.

The following notes were taken on November 24:—The left side is again fuller than it was, but it is not so large as before the oper-