

hood of the puncture, attended with a feeling of great constriction across the chest, and for three days he did not feel at all as comfortable as he had felt before the operation.

The reduction of the pleuritic effusion was not followed by an increased secretion of urine, although his thirst was very much augmented, nor by any improvement in the color of the skin, which had been somewhat icteroid for several weeks.

Although the jugular veins were habitually distended, and visibly pulsated, and filled up from below when compressed by the finger, at no time could a tricuspid murmur be heard; nor was the slight murmur formerly heard in the "mitral area" perceptible after he came under observation with the dropsy. His pulse generally ranged about 90, although towards the close it reached 108 and 118. Its volume continued fair, and its rhythm was but occasionally disturbed by an intermission or two in a minute.

On the 26th the fluid in right pleura again was on a level with the second rib; no effusion could be detected in the left chest; the œdema in the back and lower extremities was very considerable, and a couple of acupunctures in either ankle were made, and flannel rollers applied. The fluid escaped in moderate quantities; he soon became unusually drowsy and much weaker; his mind wandered, and he died exhausted three days afterwards. No redness of the skin at the site of puncture had supervened.

Dr. Osler conducted the autopsy. Considerable œdema of thighs and legs remaining. Subicteroid color of surface.

*Thorax.*—Drew off about 7 or 8 pints citron-colored transparent serum from right pleural cavity through a trocar. Right pleura is deeply injected, and some shreds and flakes of recent lymph are found at the posterior and inferior regions, as well as two or three broad bands of recent false membrane dividing the pleural cavity into loculi. No fluid in left pleura. A very old adhesion at base of left lung. Left lung presents very slight puckering and fibroid thickening of pleura at extreme apex. The right apex is exempt. A peculiarity of right upper lobe is that it is *bifid* vertically, the smaller lobe being posterior and