region; and the anterior two-thirds of the right chest was absolutely dull.

Punctures were made with a large aspirating needle, but no fluid was discovered.

On admission, the quantity of pus evacuated was not so large as it had been some months previously, but it was horribly fœtid. The diagnosis of pulmonary abscess was made, and on the 17th of December an attempt to anæsthetise him with ether had to abandoned on account of the evacuation of this foul smelling pus into his bronchial tubes, and violent spasmodic cough. It was utterly impossible to anæsthetise him.

On the 20th December, 1900, an inch and a half of the ninth rib just posterior to the posterior axillary line was removed under local anæsthesia, Schleich's mixture being used. The operation was carried out with difficulty, as it was impossible to turn the patient over on to the left side. He was brought beyond the edge of the table, and the operation carried on from below. When the rib was excised a large aspirating trochar was introduced and pus was found of a character similar to that which had been expectorated. The lung was found to be adherent to the pleura, and was about three-eights of an inch thick. It was opened by the thermo-cautery and enlarged with the finger. About three-fourths of a pint of pus escaped at the time of the operation. It was horribly foul smelling, so much so that the odor was not removed from the operating room during the remainder of the day. A large rubber tube was introduced after the cavity had been explored. The cavity was found to be a large one with irregular walls.

From the moment of operation he progressed favorably, and within a few days the fœtor had disappeared from his expectoration, and he was able to turn on his other side, and on his back. He has gained over 30 pounds since the operation up to the present time, and with the exception of a small sinus is now perfectly well.

Of the other cases referred to, the first was a young man aged 24, who was shot through the chest at Fish Creek on the 24th of April, 1885; the bullet entered through the second left costal cartilage and passed downwards and outwards and made its exit through the seventh rib in the mid-axillary line. This man was subjected to much hardship for some time before proper hospital accommodation was secured, and he developed pneumonia, the greater part of the right lung being consolidated. He was also wounded in the hip, and had slight fever and a troublesome diarrhœa. He did not do well and soon intermittent expectoration of foul-smelling pus occurred.

On the 23rd of May the eighth intercostal space was opened just anterior to the posterior axillary line. The lung was found adherent to the chest wall, and the collection of matter was found to be some distance from this point. The wound in the seventh rib in the mid-axillary line