sulph., gr. 1-16th, was given, the latter to relieve the extreme restlessness. Wednesday, after the bowels had moved freely, he felt relieved, but still the pulse was 134 and the temperature 103 deg. in the evening. On Thursday morning thoracentesis was done, and fifty ounces of a dark, sero-hemorrhagic fluid were removed, which on examination proved to be mostly blood, a culture of which showed the presence of the staphylococcus pyogenes aureus. The removal of this fluid relieved the patient greatly, a greater amount of lung coming into use, and the pulse dropping to 116. Nothing was now done for a week, in the hope that the lung would expand, and that the accumulating fluid would become absorbed. But no progress in either direction was made. Then, as it was now over two weeks since the lung had become collapsed, it was feared that the obliteration of the air cells, bronchials, and blood vessels might, unless relieved, become permanent from disuse, as well as from the formation of fibrous tissue in the lung itself, and in the plastic exudate covering it, and so it was decided to open and drain. I might also say empyema was thought of, from the presence of fever, and the organism above mentioned. Consequently, under chloroform anesthesia, an opening was made in the sixth left interspace, at the mid-axillary line. A large amount of blood-stained fluid, with some clots, gushed out, but there was no pus. The lung could be felt in a collapsed condition, lying against the thoracic vertebral bodies. A large drainage tube was inserted, and a copious dressing applied.

From this on the boy improved; the fever left him, the pulse improved, coming down to 98, the dyspnea disappeared, and the boy picked up generally. There was profuse discharge from the tube for about three days, then it ceased. Unfortunately, later on, clots, which evidently would not go through the tube, became infected, causing a purulent discharge, which continued for some days. On March 10th, examination showed the apex beat to be behind the fifth rib, one and one-half inches within the left nipple line, with a good pulse running at 80. Air entered the lung freely in the infra-clavicular region in front, and in the supra-scapular region behind. The chest had fallen in somewhat, and there was still some purulent discharge.

Whether the hemorrhage was caused by a cut, intercostal artery or vein, or by injury to the lung, it is hard to say definitely. The coughing up of blood would indicate injury to the lung, but as the blood did not appear for two days after the injury, it is probable that the greater part of the hemorrhage came from injury to the intercostal vessels.