were drawn off. After this aspiration, the signs of pneumothorax extended down to the seventh rib, and out to the mid-axillary line.

Several days later he made some attempt at speaking, and was reported to have pronounced several words distinctly. About this time an interesting phenomenon was observed. On being spoken to, he would make desperate efforts to reply, the only result being an oath, which was rhythmically repeated. Obviously, this was very distressing to him, as he quite understood spoken language.

At present, this peculiarity is absent, having gradually passed off, and speech has somewhat improved. Two weeks from the last aspiration, this operation was again performed, and seventy ounces of fluid drawn off. During this interval there was no change in the hemiplegia, but some rigidity of both arm and leg has appeared, and all the reflexes have become more exaggerated, and a marked ankle clonus developed. Ten days later another seventy ounces of fluid was removed, having gradually reaccumulated in the interval.

His condition at present is as follows: The signs of pneumothorax extend down to the sixth rib, below, and out to the anterior axillary line; evidently the fluid is returning. The heart has not materially changed its position; pulsations still being in the second, third, and fourth interspaces on the right side, and the dulness as shown in the chart. The hemiplegia has slightly improved, so that the movements are about as they were on admission. There is no movement, however, in the wrist joint. The reflexes are much exaggerated, and there is distinct rigidity, with extensor response. There is little or no cough, and his nutrition has not diminished; appetite good; bowels regular; urine normal; no loss of control of bladder or rectum. Throughout his sojourn in the hospital his temperature has been generally low, ranging between normal or sub-normal, and 100.2; on two occasions for several days it went up to 101 in the evening.

The foregoing case presents several rare and very interesting features, the most prominent of which are the long duration and uncertain onset and the hemiplegia. The probable course of events has been: First, the establishment of pneumothorax, followed by pyothorax. But the history of sudden severe pain and dyspnea, characteristic of the usual onset of pneumothorax, is wanting, unless it is supplied by the history of pleurisy seven years ago; for it is hardly possible that an illness so distressing and dangerous as an acute pneumothorax nearly always is, would have been entirely forgotten both by the patient and the relatives.