

the pleura and evacuated about a quart of thick stinking pus. The expectoration at once lessened, and three days afterwards amounted to only a couple of ounces in twenty-four hours. The general condition of the patient at this time was slightly better and the cough much decreased in frequency. The liver had slightly diminished in size, its dulness vertically, in right mamillary line, extending from 6th rib to half an inch below margin of the ribs. The discharge from the opened pleural cavity is moderate.

*Oct. 16th.*—Patient left the hospital to-day, to return weekly to have his side dressed. There is still a large fistulous opening in right side, behind, discharging a moderate quantity of pus. He has not gained strength very fast, as he is still far from being in a good state of nutrition, but he is much stronger than at the time of the operation. There is dulness in lower half of right side of chest, behind, extending around into axillary area and covering about the same area as before the operation. Breath sounds are weak over this area, and there is depression of the intercostal spaces on inspiration in the neighbourhood of the wound. No moist sounds in dull area. At right apex there is slight prolongation of expiration, and behind an occasional crepitation. Down the back, on the left side, there is absence of the friction previously described. There is exceedingly little expectoration, not half an ounce per day, and that principally mucus. Pus from the wound and the sputum were examined for tubercle bacilli, but none found. Liver dulness appears normal in extent, coming only to edge of ribs. Air enters lungs apparently to edges of wound.

*Remarks.*—There are some interesting points connected with this history. 1. It is plain that a double purulent pleurisy existed, the left side being first attacked, and that spontaneous cure occurred. I see no other way of explaining the history of pain in the side, followed after a considerable period by the sudden expectoration of a large quantity of pus. In addition, we found evidence of old pleurisy in the left lung, in the presence of friction sounds. 2. The expectoration of large quantities of almost pure pus while under our observation in hospital. Although