

the 14 cases reported in this paper, including one of putrid empyema, there were 4 deaths, a mortality of 28½ per cent.

The case complicated by putrid empyema is making a very satisfactory recovery, but further operation may be necessary to obliterate the pleural cavity, as the lung is tightly bound down and is expanding very slowly.

BRIEF REPORTS OF 14 CASES.

Case 1. Male, aged 38. Dr. Lafleur. Alcoholic and epileptic. Gangrene. Following a prolonged spree developed a severe pain in the side and began expectorating blood-stained, greenish sputum, measuring 20 to 25 oz. in 24 hours. Cavity $2\frac{1}{2} \times 2\frac{1}{2}$ inches, with smooth walls opening into a bronchus from the upper corner. The pleural surfaces were adherent. Drainage. Recovered. His habits were such as would point the clinical history to this being originally an aspiration pneumonia. The absence of elastic tissue and the smooth walls of the cavity suggest bronchiectasis, but the gangrenous odor of the sputum, the fever and the pleurisy point to its being gangrene.

Case 2. Male, aged 33. Dr. Molson. Alcoholic. Illness began with chills and rigors. Two months after had chills with profuse perspiration and fetid expectoration. Signs of consolidation in the right lung, but difficult to localize. The sputum had a gangrenous, offensive odor and contained elastic tissue. The patient was transferred to the surgical service and rib resected. Drainage. Recovery.

Case 3. Male, aged 48. Dr. Finley. No alcohol or epilepsy. Illness began with chill, followed by daily chills and night sweats. Signs of cavity at the base of the upper lobe of the left lung. Fluoroscopic examination showed a shadow in this region and foul pus was drawn by the exploring needle. Sputum frothy, muco-purulent, and contained elastic tissue. Patient was transferred to the surgical service, where, previous to operation, he expectorated 40 ounces of fetid sputum. At the operation a large gangrenous cavity was explored and packed with gauze. The patient improved, but died suddenly a month later from ulceration of the posterior left apex with erosion of a branch of the pulmonary artery.

Case 4. Male, aged 45. Dr. Ridley MacKenzie. Alveolar abscess causing trismus. Dr. MacKenzie administered ether to relax the jaw, and the removal of the tooth liberated a lot of foul smelling pus, and a sub-maxillary abscess formed later which was opened. Three weeks afterwards dry friction rub