

increasing, dyspnoea marked, loss of sleep, want of appetite. Marked area of dullness below at the back. Bronchial breathing, bronchial vocal resonance sound. January 4th—Rusty sputum, temperature varying from 100.1-5 to 102. General condition decidedly bad. Dullness, bronchial breathing especially at the base, vocal resonance more pronounced.

January 10—Exudate apparent in the right chest temperature irregular between 98.2-5 and 102.

January 18—Exploratory puncture removed about 1820 grammes of a purulent exudate from the right cavity.

The pus formation continued, however, fever remaining high, and on 20th January, thoracentesis was performed with resection of a piece of the sixth rib. About three litres of pus were removed. After operation, the temperature began to fall off. Dressings were changed every three days. On February 20th the drains were removed, the operation wounds packed with iodoform gauze. The chest wall began to fall in somewhat.

February 27th—Patient was transferred to Convalescent Hospital, but on March 11th returned with recurrence of the empyema which had ruptured into a bronchus and set up pneumothorax.

Patient is now pale shows poor nutrition, great collapse of right side, symptoms of a right-sided circumscribed pneumothorax. Succussion splash readily heard. Metallic note on percussion. Nothing abnormal in heart or abdomen. Temperature rises at times to 104.2-5. Exquisite pain in the side. Exploratory puncture in axillary line reveals pus.

March 21st—Coughs up pus; fever abates, sputum diminished; gentle amphoric breathing heard at the right base. Recovery uninterrupted and rapid. Smear of pus from puncture of January 20th stained with carbol fuchsin revealed streptococci in chains of varying length. Plate cultures on agar gave pure culture of streptococci.

Onset sudden, symptoms alarming, condition only temporarily improved by removal of exudate by means of puncture is a common picture in the streptococcal empyema. Pus is usually thick, creamy, containing flakes and clots of fibrin though not demonstrated in this case.

A *staphylococcal* case reported by Lop and Montoux in 1898.

A large stout, strong, healthy man, without hereditary or personal lesions. Early in March, of '97, after the Nice Carnival, was taken with violent chills, pain in the left side, fever, and rusty sputum. Seen by Dr. Lop on April 4th who diagnosed a pleural effusion extending