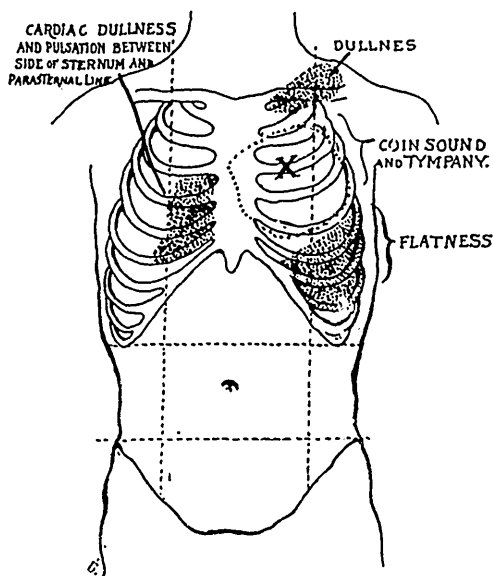


On raising the patient to the sitting posture, the level of the fluid promptly shifts from the sixth to the third rib in front; no succussion, however, could be obtained.

Subsequent history: Microscopical examination revealed no tubercular bacilli in the sputum, and no organisms were discovered in the pus, though special search was not made for tuberculous bacilli. Careful search failed to reveal the site of the opening in the lung. For two weeks all his symptoms improved, the hemiplegia almost disappearing, the grasp of the right hand be-



Level of fluid comes to X on sitting up. Note that the area of tympany extends almost to the right edge of sternum, also that the cardiac dullness is still on the right side.

coming quite firm, though obviously weaker than the left; the aphasia, too, becoming much less pronounced, though it was observed that sustained conversation gradually increased it. At the end of this time, however, the symptoms somewhat suddenly returned, so that he was worse than on admission, the hemiplegia being nearly complete, and the fluid, as shown by the dullness, increased to the level of the fourth rib. Two days later both aphasia and hemiplegia were complete. At this time marked increase in the knee jerks and supinator response on the right side were first noted; extensor response also present. Aspiration was again performed, and fifty ounces of fluid, similar to the last,