

breath. The pain ceased in a few days, but the cough persisted, and was soon accompanied by expectoration, which gradually increased till, on admission, it amounted to about thirty ounces daily. He rapidly lost flesh and strength, the appetite remained poor, and he felt himself rapidly failing.

On admission, there was extreme emaciation, frequent cough, and copious purulent expectoration; the temperature ranged between 100° and 102° , but was not of a hectic type. The pulse was 120, regular, and easily compressed; heart sounds normal; respirations 27 per minute, expansion $\frac{3}{4}$ -inch at the nipple level; the right side of the chest, at the same level, measured half an inch more than the left. Cough was noted to be worse and expectoration more free when patient was lying on his back. On the right side, behind, there was dulness from the spine of the scapula to the base, which dulness extended into the axilla as far as the anterior axillary line and as high as the level of the nipple. Changes in posture did not alter the line of dulness. Over this area there were weak breathing, absence of vocal fremitus, and diminished vocal resonance, which was nasal near the angle of the scapula. On the left side, behind, from the spine of the scapula down, there were friction sounds both in inspiration and expiration. Nowhere could be made out any moist râles, while a few dry râles were heard in front on both sides. The liver dulness, vertically, in the right mamillary line extended from the 6th rib to one inch below the costal margin.

The patient was given good diet and an expectorant mixture. On the 16th June the right side of chest was aspirated below the angle of the scapula and 10 ounces of thick pus withdrawn before the needle became blocked. Both this pus and the sputum were examined microscopically for tubercle bacilli, as there was a family history of phthisis, but none were found. After the aspiration the expectoration diminished to about 10 ounces daily. The general condition improved at first; he ate and slept better; but the improvement soon became stationary, and he was transferred, eighteen days after admission, to the surgical wards, under Dr. Shepherd, who, three days later, resected a portion of the 9th rib, below the inferior angle of the scapula, opened