

same way be distinguished from that of the pus accumulation. Traube's semi-lunar space was quite obliterated. Stethoscopic auscultation revealed the heart sounds very indistinct and muffled, the 2nd pulmonic sound was accented. No respiratory sounds at left base in front up to fourth space nor below the axilla, feeble behind, tubular at the angle of the scapula and along the edges of the vertebræ down to the 8th. No tubular breathing could be made out below the right mamma, exaggerated respiration at the apex. A creaking sound is heard in the left infra axillary region, most distinct during expiration. The patient could not swallow solids, and liquids caused pain, and they were sometimes regurgitated through the nose. No rales, and the patient has no cough. On the 13th pulse, 144; respiration, 40; temperature, 101°; a hypodermic injection of morphine, atropine and digitalin was given in the evening. On the 14th a.m. paracentesis pericardii was performed; no anæsthetic was given. Before the operation, P. 132, R. 28, T. 97.4-5°. I was assisted by Drs. F. G. Finley and H. S. Shaw. The trocar entered in the 5th left interspace $1\frac{3}{4}$ inches from the sternum. Sixty ounces of creamy pus was removed. He experienced marked relief. The pulse remained regular and of good volume, and after the operation had slowed down to 92, R. 32. The pus was submitted for examination to Dr. MacPhail, who reported that the diplococcus of Fraenkel was found in pure culture, reacting to all the usual tests for this micro-organism. No other species was found.

The following day he developed a mild conjunctivitis, and later a small ulcer appeared at the lower part of the right cornea, which healed within a week. The heart sounds were now quite distinct and regular, no abnormal signs present. A pain in the cardiac region in the evening required a hypodermic injection; and this was required almost daily, giving rest and improving markedly his general condition.

On the 18th the heart sounds were less distinct. A cardiac dullness extended from right edge of sternum to $\frac{1}{2}$ inch to left of left nipple, and from 2nd space to liver on right, and joined the pleuritic dullness on the left. The pulse