able to trace these cases, the recovery has been permanent—no cough or bronchitis being complained of.

No. 3 died suddenly a month after operation from ulceration with erosion of a branch of the pulmonary artery.

No. 6. In this case the accompanying condition and contributory causes of death were acute miliary tuberculosis of the peritoneum, fatty heart, septic splenitis, peri-splenic abscess and acute parenchymatous nephritis.

No. 13 was a case of bilateral bronchiectasis with fetid bronchitis, in which I drained one side. He died from asthenia on the fifth day after operation.

No. 14. Contributory causes of death were broncho-pneumonia; emphysema of lungs; chronic int. nephritis; acute int. nephritis and fatty liver.

Resection of one lobe of the lung has been carried out by Kümmell, Gluck, Krause and Heidenhain. Garrè and Lenhartz seem to think it the only rational procedure in certain extreme cases with a limited disease. It is said to be feasible and may be carried out largely by ligature en masse. So far, I have had no experience with this procedure. Good access obtained by the removal of portions of several ribs would seem to be a necessary detail, thus securing control of the field of operation.

In conclusion it may be said that while some lung abscesses and some localized bronchiectatic cavities may, under favorable circumstances, when communicating freely with a large bronchus, empty themselves sufficiently to permit of cure, yet on the whole the results of medical treatment only in lung abscess and gangrene are bad. Much better results are obtained by incision and drainage, so that not more than a few weeks should be spent in medical treatment. Operation in a rarefied atmosphere, from what I saw of the method in Breslau, and from what I have read of it since, seems to promise a good deal, and should enable one to operate on these cases more independently of the union of the two layers of the pleura, and enable one more freely to explore the cavity, to ligature, suture, and to do better work generally.

The mortality in lung abscess and gangrene varies under surgical treatment. In 28 cases following pneumonia operated on by Körte, 20 recovered and 8 died, a mortality of 28½ per cent. Of 8 cases of putrid empyema associated with gangrene, 1 recovered and 7 died, a mortality of 87 per cent.

Tilton reports a mortality of 50 per cent. in 20 cases. In