

Temperature normal, pulse very weak and 110, respiration 39, no pain, no cough, tongue clean, no appetite, could rest only by lying on left side in semi-recumbent position. Upon careful examination, I found every indication of an extensive effusion in the left pleural cavity; yet there was no cough, no temperature, and no pain. I immediately aspirated and removed carefully two and one-half quarts of serous fluid, with a slight bloody tinge—not of the usual straw color. I gave her the usual diuretics and saline cathartics, etc., and she was reported to me to be ever so much better and improving rapidly for about two weeks, when she again began to show signs of a relapse, in consequence of which I was sent for again. I found her almost as bad as ever so far as the effusion was concerned, but she was feeling much better. I again aspirated and took away three quarts of the same peculiar-looking fluid, which seemed to greatly relieve her; but alas! it was only for a time. In about two weeks more I was sent for again and compelled to aspirate, taking away positively over three full quarts. This time, however, she was not improved by the aspirating; she simply continued to get weaker and weaker, her stomach gave out, and she gradually sank until she died, about a week after my last visit.

Now, to me, this case had two remarkable features, upon which I would like some light thrown: (1) The large accumulation of fluid without any one of the common symptoms always found in such cases, viz., elevated temperature, cough, pain in side, sweats, and chills; (2) the very rapid recurrence of such enormous effusions, which seemed not to be hindered in the slightest by aspirating, and the administration of the usual remedies which have been found useful in similar cases. I have wondered whether the whole condition was not due to malignancy.

A CASE OF HEMOTHORAX.

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W. G., age 16; a butcher's boy; was accidentally stabbed in the back with a butcher's knife on Tuesday, December 30th, at eleven o'clock in the morning. The skin wound was situated over the inferior angle of the left scapula, a point where the bone would seem to prevent further progress of the knife. But it