mothorax, or one of a cavity with thin walls. This was always a difficult question. It turned out that the patient was suffering from the former, yet, at the time of operation, Mr. Erichsen thought that he had passed through the lung before reaching the pus. He thought that if the dulness shifted with the position of the patient, this was a valuable sign of pneumothorax. He could not remember any case where a cavity was so large that the physical signs varied much after alteration of the patient's position, or after a profuse expectoration. After all, the question of diagnosis was, perhaps, not of vital importance. He thought that cavities in the apex, where there was a good communication with the bronchus, were certainly not suitable for operation; but where the cavity was low down, with a small external opening, and much decomposition, they should be treated by incision or by tapping. Dr. Cayley was to be congratulated on his boldness in carrying out the only method of treatment which was likely to prove successful.—Mr. MAUNDER had listened with much pleasure to the cases brought forward that night. He had for some time been of opinion that, no matter what the exact positition of these fœtid cavities might be, they should be treated by incision, just like abscesses in other parts. As soon as a free opening was established, decomposition was checked.—Dr. MAHOMED related a case of a child in Guy's Hospital, under the charge of Dr. Fagge, where a pneumonia was thought croupous at first, did not clear up, and gave signs of breaking up of the lung. He was anxious to treat the case by incision, thinking that it might be an abscess of the lung, following extensive catarrhal pneumonia, which would, if left, end in acute tuberculosis. But the evidence of a cavity was too doubtful to allow this course. The child eventually died from the cause he had feared, and a large cavity was found. He was anxious to know how an adherent pleura might be certainly recognised. In Dr. Cayley's case there seemed to him to have been old adhesions. He also wished to ask what Dr. Williams considered to be the nature of the bilious attacks he had described. Dr. SEDGWICK related a case he had seen many years before, which he had diagnosed to be an abscess of the lung. This, having