dressings twice. Thursday, the fifteenth day, the hemorrhage gradually ceased, although the pleural cavity seemed nearly filled with fluid. At 8 p.m. chloroform was administered, and assisted by Dr. Mewburn, the entrance wound was enlarged. Hemorrhage was excessive, the blood apparently being pumped out of the pleural cavity by the action of the lungs and chest walls. The bullet was found to have bored through the cartilage besides comminuting it. The piece was comparatively loose, but could not be easily detached. Hemorrhage ceased for a little, and an exploratory puncture in the seventh intercostal space failed to find fluid, the pleura being temporarily emptied. As it seemed impossible to permanently arrest the bleeding, and as it was evident that the pleura was acting as a reservoir, the incisions were sewn up and a compress applied. Friday, sixteenth day, very little hemorrhage. Pulse, 102; respiration, 40; temperature, 103°; pleural cavity again full. During the seventeenth, eighteenth and nineteenth days there was a good deal of bleeding, especially in any movement or coughing. Dressing had to be frequently changed and patient kept very quiet. On the last-mentioned day, a cutaneous erysipelas developed suddenly over front of chest and spread rapidly downwards. This was, no doubt, carried by impure surroundings, a condition of things at that time impossible to remedy. It was quickly got under control, however, by iron internally and iodine and collodion externally.

From this time until Thursday, 21st July, the twenty-ninth day after the accident, the patient's condition may be described as undergoing a gradual change. The character of the discharge slowly changed from blood to blood and serum, and from this to sero-sanguineous pus, a large quantity of which, smelling rather badly, gushed out on this date during a fit of coughing. Patient distinctly tasted this in his throat. Pulse, 75–100; respiration, 28; temperature, 100–101°. In consultation with and assisted by Dr. Mewburn, the patient was then chloroformed, and after an exploratory puncture, an incision was made between sixth and seventh ribs in the mid-axillary line, and a large quantity of fœtid pus emanated. The pleural cavity was washed out with warm water and then with 1–80 solution of carbolic acid. It was impossible to connect the two wounds with a bougie or long probe, but fluid passed readily from one to the other. After the cavity had been thoroughly cleansed, therefore, a drainage tube was inserted, and the wound dressed with lint soaked in carbolic solution and covered by a thick pad of iodoformed cotton wool. A hypodermic of morph. sulph. gr. ½ gave him a good night.

After this the pleura was washed out at first three times, then twice, daily with different antiseptic solutions—boracic, salicylic, alcoholic and carbolic. The injections generally excited coughing, and patient could immediately afterwards tell what solution I was using from the taste in his throat. The discharge was at first copious, and on three occasions pieces of disorganized lung tissue came away. From Friday, July 27th, the thirty-fifth day after the accident, there was a perceptible improvement in the quantity and quality of the discharge, and the patient gained strength. His temperature and pulse fell to nearly normal, and the respiration gradually decreased to 24 or 26. On August 15th, the discharge was a semi-transparent, thick and very tenacious mucus-like stuff. He was much troubled at this time with neuralgic pains in right leg, which were first treated with quinine, but yielded only to aconite. The usual difficulties incidental to draining such a cavity were, of course, experienced. On the 21st, however, he was able to be moved to a larger and better room in another house, and the change was beneficial.

The orifice of entrance healed up finally, after the cartilage, to its junction with the sternum had dissolved away, leaving a circular depression about an inch in diameter and half an inch deep. The lower opening was allowed to close when the discharge had become reduced to almost nothing. Rubber drainage tubes were used, a silver one being found painful to insert and difficult to retain in place.

The general treatment consisted at first of complete rest, secured by morphia and attention to details, careful watching of the temperature and other symptoms; and after drainage had been established, the generous use of stimulants and nourishing food with a tonic of iron and quinine.

Convalescence was slow, and it was four