Pulmonary tubercles are so frequently associated with empyema, that it becomes exceedingly important to direct our attention to this complication, particularly when paracentesis is proposed, since the ultimate success of the operation must, in a great measure, depend upon the perfect integrity of the lungs. When the tubercles are numerous or softened, giving rise to solidification or vomica, the true state of the case is at once revealed by auscultation and percussion; but, on the other hand, when they are small and disseminated, their presence is not indicated by any marked physical signs, and we are then obliged to rely more upon the previous history and general symptoms. It is worthy of observation, however, that in uncomplicated empyema, the lung of the sound side, owing to its supplementary action and increased determination of blood, is generally more or less congested; and it is, hence, no uncommon occurrence to find the respiratory murmur, in a measure, obscured by various râles, which might readily induce the belief that the disease was complicated with bronchitis or tubercles; under these circumstances, the expectoration occasionally becomes puriform (owing, as it has been supposed, to a species of vicarious action,) and thus tends to confirm the erroneous impression. At other times, the puriform sputa may proceed from the fistulous opening between the pleural cavity and the bronchial tubes of the compressed lung; in such cases, however, the pleural sac generally contains more or less air, as evinced by the tympantic percussion, and the peculiar gurgling induced by succession. Under these circumstances, it becomes important to ascertain whether the fistula has been caused by tubercular perforation, or by the corrosive action of the pus in the pleura. When it can be ascertained that the patient, after suffering for some time with cough, or other symptom of pulmonary irritation, has been suddenly seized with acute pain in the axillary region, followed by extreme dyspnœa, we may reasonably conclude that any pleuritic effusion consequent upon such a seizure has been the result of tubercular perforation; whereas, when the symptoms of pleurisy have occurred in the midst of perfect health, followed by a gradually increasing difficulty of breathing, and, at a still more remote period, by a sudden and very copious discharge of pus from the lungs, there can be but little doubt that the fistulous opening has been caused by the empyema bursting into the bronchial tubes. In those cases where the disease had been observed throughout, the physical signs would prevent all error upon this point. In connexion with the diagnosis of empyema, it is important to observe, that, when this disease is complicated with pneumothorax and purulent expectoration, it by no means follows that a fistula of the lung necessarily exists; the air in