

that the fluid flowed slowly, and 55 ounces of dark, greenish-yellow, rather thick serum were removed, almost completely relieving the patient's symptoms. As the serum flowed out, the respiratory sounds became more and more distinctly audible. On examination, the serum contained some granular debris, but no pus corpuscles, and was sterile. Removal of the fluid was followed by complete recovery.

Remarks.—In view of the patient's quiet pulse, the absence of fever and increase in respiratory distress, and the loud tympany, showing low

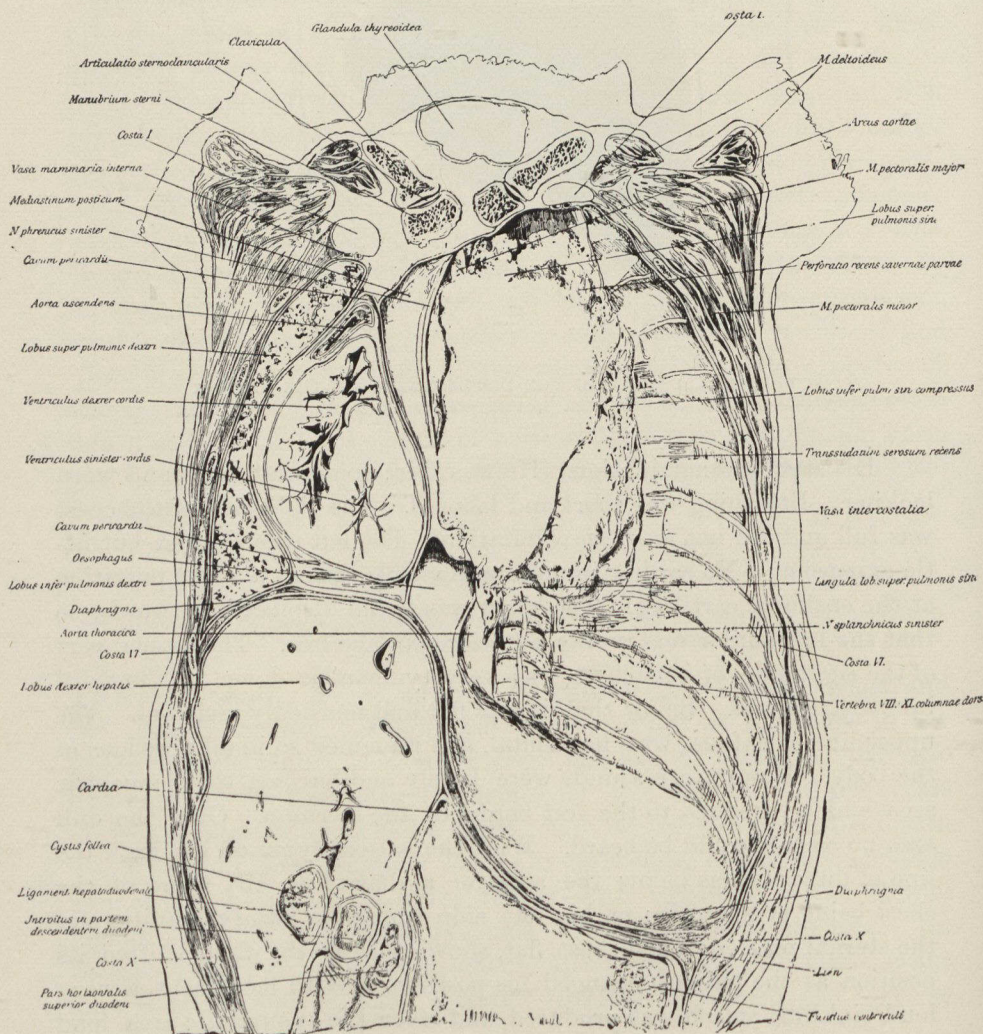


FIGURE SHOWING THE DISPLACEMENT OF THE VISCERA IN A CASE OF EFFUSION INTO THE LEFT PLEURAL CAVITY