

the right side below the spine of the scapula. Loud bronchial breathing was heard on the right side down to the spine of the scapula, accompanied by crackling râles. Below the spine the breathing was indistinct, also accompanied by crackling râles. The breathing was vesicular over the whole area of the left side. Typical rusty sputum present. Heart sounds were normal. Cardiac dullness not displaced towards the left. Tongue moist, coated, white; abdomen slightly tender on pressure.

The urine was reddish and clear; free from albumen about 900 ccm in amount and of sp. gr. 1012. Evening temperature 103, morning temperature 101.4-5; pulse 104. Respiration 36.

Treatment.—Eight dry cuppings on the right side and decoction of Senega internally.

June 5th, profuse sweating. June 7th, morning temperature 99 1-5; evening temperature 100 4-5. Two teaspoonfuls ropy mucus expectorated. The area of dullness posteriorly on the right side begins to lessen and is present only below the angle of the scapula. General conditions good except for the pain in the chest which persists.

Despite the apparent change for the better, the next succeeding days showed morning temperature varying from 99 2-5 to 100 1-5, and evening temperature from 102 1-5 to 104. The dull area began to increase again until the tenth of June it had risen to the middle of the scapula. The right lateral area gave no evidence of marked improvement for, in addition to the dullness, a friction rub was audible. The sputum was viscid mucus. No tubercle bacilli were to be found in it. From the 13th, slight chills came on towards evening, followed by fever and profuse sweating. Under this unmistakably septic fever the patient began to lose flesh; the arteries were narrower and less full, so that finally on the 19th, an exploratory puncture was performed in the right side behind at the inferior portion of dull area in the ninth space. A small amount of thick, purulent exudate was withdrawn which contained, in addition to the pus corpuscles, numbers of pneumococci. The fact that puncture had to be performed in several places before pus was found, as also the deep situation of the same, indicated that the collection was strictly localised. Following puncture the treatment remained of the stimulating and expectant character. On July 2nd, a paroxysm of coughing brought up a scanty half viscid sputum which soon took on the character of homogeneous pus. The odour was in no-wise foetid. On July 4th, two punctures were performed in the eighth space with result similar to that of June 19th. Culture of pus on agar remained negative.

July 12th. Great pallor and emaciation. On deep inspiration, the