pleural trauma by needles inserted into central veins. Central venous injection was not attempted by either of our patients.

Several pulmonary diseases described in intravenous drug misusers may produce a secondary pneumothorax, notably miliary tuberculosis and pneumonia. In the same way a spontaneous pneumothorax without any pulmonary lesions has been reported in a patient not misusing drugs who had mitral valve endocarditis. Except for the case recently reported by Aguado et al., we know of no other reports of secondary pneumothorax from septic pulmonary emboli during the course of tricuspid endocarditis. The pneumothorax must be due to progression of septic pulmonary infiltrates with subsequent leakage of air into the pleural cavity.

Consequently, in patients with active right sided endocarditis who present with pleuritic chest pain, dyspnoea, or haemoptysis a secondary pneumothorax must be suspected.