suitable invalid diet. On arrival at Saskatoon, his condition was very bad indeed. The greater part of the right lung was consolidated, and his breathing painful and rapid. There was also high fever and troublesome diarrhoea. Empyema followed, and on the 8th of May Deputy-Surgeon-General Roddick enlarged the wound in the right axillary region, evacuating a quantity of pus which was very feetid. The pleural cavity was then washed out daily with antiseptic solutions (carbolic, alcoholic and boracic at different periods); and from time to time portions of gangrenous lung tissue presented at the wound and were removed. In spite of these precautions, however, he continued to suffer from high fever, perspirations, feetid discharge, and great weakness. the 23rd of May, with the advice and assistance of Dr. Roddick, I attempted to make a dependent opening. The patient was etherized and an incision made in the eighth intercostal space, posteriorly. On reaching the pleura, however, the lung was found to be firmly adherent to the chest wall at this point. The wound was therefore closed and the original axillary wound enlarged, and the cavity explored with the finger and long probes. A considerable amount of sloughy tissue was found lying unattached in the cavity, and was removed. The cavity was then emptied as well as possible, and washed out with weak carbolic lotion. On introducing the finger into the cavity, it was found to be as large as a large-sized orange, and surrounded on all sides by pulmonary tissue. It was an intra-pulmonary cavity, and not, as we had supposed, a localized pleural sac. As he recovered from the ether, he was seized with a severe and prolonged fit of coughing, in which he expectorated pus and fluid from the pleural cavity which had a distinct carbolic odor, and caused unmistakeable tingling in his mouth. From this time forward the pus was expectorated constantly and freely, and in a day or two was free from smell. The wounds healed up rapidly. All his symptoms subsided, and from this time his recovery was uninterrupted. In a few days he was able to be taken out into the air and sunlight, and in a couple of weeks was convalescent. He was one of the last remaining patients at Saskatoon, and embarked on the hospital barge on the 4th of