

upwards. The depth of the cavity was greatest opposite the 6th and 7th ribs, where it measured $4\frac{1}{2}$ inches. It became evident that the constant drain upon his system would soon prove disastrous, so I determined to perform Estlander's operation, by removing a portion of three ribs. On the 5th of September, 1887, chloroform being given, 3 inches of the 9th rib was resected sub-periosteally. A long incision was made lengthwise over and down to the rib. The periosteum was cut in a like manner and stripped off with a raspator and the chain saw applied to the bone. By this time our patient showed signs of collapse and all operative procedures had to be stayed. He rallied, however, and was soon about the wards again. His most obstinate symptom, vomiting, lasted, however, for three days. Determined to collapse the chest, if possible, chloroform was administered again on the 19th of October, 1887. This time I enlarged the first incision and then made a long cut, extending from the 3rd rib, in the axilla, running parallel with the posterior border of the pectoralis major muscle down to join the anterior end of the primary incision. The external incisions when completed were not unlike the letter L reversed thus J. The flap was then raised backwards, so as to expose at once all the ribs decided to be removed, viz: 3rd, 4th, 5th, 6th, 7th and 8th. On this occasion I used the bone forceps instead of the chain saw, and by operating as rapidly as possible, the work was completed in about half an hour. As you will observe by the sections here exhibited. That of the 9th rib is 3 inches long, while that of the 3rd is only one inch and a quarter, and that of the other intermediate sections decreases in length as we count upwards, which altogether make a V shaped block, with the apex in the axilla. This I thought would allow the greatest collapse of the chest wall to take place where it was most needed. Persistent vomiting set in, as on the previous occasion, although he stood the operation itself fully as well as the preceding one. He never fully rallied, his temperature remaining subnormal, and he became noisy and incoherent. The vomiting never ceased till he died on the 25th, six

days after the operation. I believe the chloroform contributed more to the fatal termination of this case than did the operation.

My second case of resection of the ribs was not so serious and terminated favorably. A young man, age 26 years, presented himself at my surgery on the 3rd of January last, with a fistulous opening on the right side under the 8th rib in the post axillary line, where it was opened 9 months previously, in Michigan. The history was that of pleurisy and repeated aspirations in the winter of 1886. He came to this country to get rid of malaria. His general health improved much by the change.

Upon examination I found the opening lead upwards and forwards under three ribs, where the lung and chest wall did not come in contact. The next day I removed the two portions of the 7th and 8th ribs, which I now show you, I curetted the whole sac thoroughly, using antiseptic solutions and dressings every other day. In seven weeks time, to my satisfaction, the wound had completely healed.

LATENT GONORRHOEA IN WOMEN.

About fifteen years ago, Dr. Noeggerath turned the attention of the profession to the frequency of serious diseases of the female internal organs due to gonorrhœa. He now frankly admits that he then drew too gloomy a picture of his case. Nevertheless, he had done a service to medical science. The study of venereal disorders and the science of obstetrics and diseases of women are not sufficiently compared, owing to that extreme specialisation which is so prominent a feature of the day. His subject comprises two questions of great pathological and social importance. First, it is probable that gonorrhœa in the male has altered in type owing to the increase of temperance. In a beer-drinker the first attack of gonorrhœa seldom fails to involve great pain, or, at least, great inconvenience. The patient, therefore, takes care to get well as soon as possible, and not rarely is thoroughly cured before the disease has had time to