

J. M. ELDER, M.D.—I just wish to emphasize one point which Dr. Armstrong made in the surgical treatment, and that is the necessity of early intervention. In one of the first cases I saw I had that forced upon me very well. It was a case of abscess in one of the nurses at the Montreal General Hospital. A diagnosis was made and we decided that we would operate at one o'clock. At 12 o'clock, pus rushed from the nostrils and the mouth, and she died at once, having been practically drowned. This danger is one of the things one should consider as liable to occur from the rupture of the abscess. With regard to the aspiration cases, I think a very great majority of them are secondary to bronchocystitis conditions. But I remember another case, where abscess of the lung developed, apparently following upon operation for ligation of hæmorrhoids in a young woman. Previous to operation there had been no evidence of any lung trouble at all, but in ten or twelve days she began to develop high temperature, and eventually an abscess of the lung was made out by the physician. I removed the rib and got at the abscess, and she got better. It does seem then, that these abscesses are sometimes embolic.

J. ALEX. HUTCHISON, M.D.—I was very much interested in Dr. MacKenzie's paper, as it is a subject which has not been brought before the Society for some time past. One case I had where I drained the upper part of the lung from behind following excision of the tongue; it was a very malignant condition involving the floor of the mouth and where operation was not done hoping to save the patient's life but merely to remove the foul-smelling mass. Although drainage of the cavity was kept up the patient succumbed; he was alcoholic. I recall to my mind a case where gangrene was the fatal result after ligation of hæmorrhoids. Long ago it was recognized that this condition did supervene upon ligation of hæmorrhoids. Then it was considered that the thermo-cautery was the best measure. In the case of Dr. MacKenzie's where I was associated with him, when I opened the cavity and drained it the man was almost moribund and I did it as a dernier resort; I met him on the street yesterday and he is perfectly well.

A. R. PENNOYER, M.D.—I have had the privilege of watching some of Dr. MacKenzie's cases and have had two or three in my own private practice. Some points in connection with the difficulty in diagnosing some of these abscesses have not been emphasized enough. One of my cases I had some two years ago following a frank lobar pneumonia, the patient was a strong healthy fellow and apparently making a steady convalescence, when in a few days he started a septic temperature and became extremely ill, the still dull condition in the lung obscured the