

Mr. Godlee has called attention to the frequency with which physicians overlook the nature of empyema, and as several of the cases here reported were for some time unrecognized by those in attendance, it is fair to conclude that they sometimes present symptoms of a puzzling character. Care however, even in obscure cases, will seldom fail to reveal the true character of the disease.

The experience afforded by these twenty-two cases has convinced me of the following :

1st. The importance of an early recognition of the case. 2nd. The necessity of giving free and constant exit to the pus. 3rd. That when pus has discharged through the bronchi with no amelioration of symptoms, an external opening may be followed by the best results as in case XV. 4th. That the most unpromising cases are those occurring in the puerperal state, and those in phthisical subjects. 5th. That resection of the ribs is not necessary as often as some modern writers affirm. 6th. That the entrance of unpolluted air into the pus cavity does not prevent cases from doing well. 7th. That while washing out the cavity has not, in my experience, been accompanied by any accident or any bad result, it is unnecessary, when the pus is healthy, to do so.

Of the twenty cases, eight died : 4 of phthisis, 1 from traumatism, 1 from embolism, 1 from asphyxia, and 1 from pyæmia. Of the fourteen recoveries all were complete, except one in which a fistula remains.

The percentage of fatal cases is large in this series but an analysis shows that only one of the fatal cases could reasonably have been expected to recover. This was case IV, the patient dying very suddenly from escape of pus into the lung ; although attempts were made to withdraw some of the fluid by means of a long needle attached to a syringe. I regret these efforts were abandoned for the time, because it is quite likely that a free external discharge even as late in the course of the disease as when I saw him would have averted death.

Leaving out this case and the four that had phthisis, there remain three deaths to account for. These are cases VI, XII, and XVIII. Case VI was a man who was injured by a falling tree, having a severe fracture of the skull, a broken clavicle, broken sternum and several broken ribs, and his condition was so serious that it is almost certain

he would have died even had empyema not supervened.

Case XII was pyæmic in character, and ran such a rapidly fatal course as to convince both the attending physician and myself that such cases never get well. She was confined of her second child on Oct. 13th. The labor was normal and no symptom excited alarm until the evening of the 15th, when a chill occurred, followed by fever and accelerated breathing. On the morning of the 16th her attending physician detected an effusion in the left pleural cavity, and on using an aspirator the same evening with the hope of relieving the urgent dyspnoea, the fluid was found to be pus of a light colored, unhealthy appearance. She died the same night.

Case XVIII made such rapid improvement for a week after paracentesis, as to warrant the strongest hope of complete recovery, but at the end of that time he suddenly became breathless and cyanosed and died almost immediately. A post mortem could not be obtained but, the symptoms preceding death exactly resembled those of pulmonary embolism. Some of the cases that recovered presented features of sufficient interest to merit a reference. Case VIII was believed by the first physician who attended her to be one of pneumonia, and she was subsequently treated for four weeks by a second physician as suffering from typhoid fever. Although sixty-nine years of age and greatly exhausted by nine weeks illness, her recovery was prompt and complete after paracentesis. The first physician's diagnosis may have been correct, as empyema sometimes complicates or succeeds pneumonia.

Case XI occurred in a strong young Englishman on whom I had operated for stricture of the urethra by divulsion. The stretching of the stricture was followed in four days by pyæmia, a number of abscesses formed in different parts of the body, and pus accumulated in the pleural cavity at the same time. Notwithstanding such a dangerous condition he made a good recovery.

Case XV illustrates the advantage of paracentesis in certain cases of spontaneous discharge through the bronchial tubes without relief. She had been ill nine weeks when I first saw her and pus had been freely expectorated four weeks, with constant loss of flesh and strength. The emaciation was extreme, and there were hectic