

were very distressing, he aspirated, drawing off about forty ounces of serous fluid. The distress was relieved. The patient improved in almost every way, but there was no further diminution of the fluid. About three weeks ago, with a hypodermic needle, pus was discovered and a second aspiration performed, when about thirty ounces were withdrawn. Patient began to cough, and coughed up a considerable quantity of pus. He thought there was now pneumo-thorax with pus in the pleural cavity. He asked for opinion of members as to operative procedure.

Dr. TEMPLE said that he had one case of chronic empyema in a man, a case of long duration. The man coughed up pus. It was decided to open the chest. Assisted by the late Dr. Fulton, they removed a portion of two ribs, opening into a large pus cavity. The walls of the sac were very thick. They drained and washed out, and an excellent recovery followed. We did not think any harm could be done by cutting down on the cavity.

Dr. GRAHAM said one difficulty was in locating the pus. It was often difficult in aspirating to strike the cavity, in trying to locate it. In the second case this had been tried, but pus was not discovered.

Dr. GREIG said that it might be well to remember that there was a great deal of thickening of the pleura in these cases, and for that reason it was difficult to aspirate, the needle not penetrating the tough tissue. It often required several attempts to reach the pus.

Dr. KING thought operation was perfectly justifiable in both cases, particularly in the girl's case.

Dr. J. N. E. BROWN presented some patches of skin which had been thrown off from a smallpox patient during desquamation. The portions from the sole of the foot were two inches square, and showed the pocks *in situ* very plainly.

**Disease of the Middle Turbinate with Pus in the Ethmoid Cells** was the title of a paper read by Dr. McDONAGH. The disease usually resulted, he said, from trauma or from extension from the nasal cavities. On examination there was to be found thickening of the anterior portion of the middle turbinated, and very frequently the presence of granulations. On introducing a probe, small spiculae of bone may be felt. The irritation of the mucous membrane by these leads to the formation of polypi. At the seat of granulation the bone may be found to be cleft and pus exuding. It causes symptoms of tightness over the bridge of the nose, headache and neuralgia. There were various reflex phenomena to be observed, which he would not refer to. By trans-illumination the wall of the face over that portion would be found to be opaque. Treatment in the early stage, before the involve-