

sinus closed after operation. There is a saucer-shaped depression on the side of the chest about four inches in diameter; the bottom of the saucer is formed of bone, the periosteum left having allowed of this formation. The cavity is completely closed, and the patient's health is fairly good; he is actively employed at work as motorman on one of the cars of the Toronto Street Railway. The man was practically in a dying condition when operated upon, and the operation was completely successful in bringing about closure of the cavity and in saving his life.

Since reading the above paper the patient has died. I examined him on the morning of the day upon which I read my paper; he was apparently in his usual state of health. Next day, however, he became ill and sent for his physician; he was suffering from pleuro-pneumonia, and died on the fourth day. Dr. John Stenhouse, who attended him, has been kind enough to furnish me with the following account of his illness, and of the condition found post-mortem. The record is of value, as it demonstrates the results of the operation which has been advocated in this paper. There had been effected a complete cure of the empyema by closure of the cavity, the walls of which had become firmly united. Dr. Stenhouse writes as follows:

"Since his operation, F. C. has had comparatively good health, and I have only attended him occasionally, for some minor ailments. He found employment as motorman on the street railway service, and for a few months before his death was working seven hours a day.

"Late on Friday night, February 7, I was sent for to see him. He was half sitting up in bed, and complaining of severe pain down the right side, both back and front, and in the right hip. His temperature was 102° ; pulse, 120. He said his car is the hardest to brake on the line, and two of his predecessors had already been unequal to the task. Not unmindful of Hilton's case of intercostal neuralgia, due to pleurisy, and knowing that my patient had but one useful lung, I examined it very carefully, but could make out nothing wrong with either pleura or lung tissue. I concluded he had simply caught a bad cold from exposure, and that the soreness was due to the frequent strain of suddenly pulling up a heavily-loaded car and trailer. I prescribed a pil cath. co., some powders of ammoniac, gr. x, and a liniment for the side.

"Next morning he was no better, but beyond the puerile breathing, which was normal with him, distinct signs of lung disease were wanting. Poultices were ordered, and I called again late in the evening, I could now for the first time make out a definite pleurisy, but there was no evidence of an invasion of the lung tissue. The pleuritic rub could be made