

phatic glands are enlarged in Pott's disease more frequently than they are enlarged in hip disease, and I do not speak *ex cathedra* nor ask you to accept what I say without further observations being made on this point. I would, in fact, have much preferred to have waited until I could have reported a hundred cases of these two diseases, and been able to state the condition of the lymphatics in them, but I realize that because my opportunities to collect such a number of cases are few, it might be four or five years before I could report on the subject. I have, therefore, taken you into my confidence, and ask you, in closing, to observe the condition of the lymphatic system in these patients in order to ascertain whether we have not now another symptom characteristic of spinal or allied disease, as opposed to tuberculosis of the hip.

THE USE OF DIFFERENTIAL PRESSURE IN THE TREATMENT OF EMPYÆMA.

BY

E. M. VON EBERTS, M.D., M.R.C.S., (Eng.)

Surgeon to the Out-patient Department of the Montreal General Hospital.

As the bar to progress in thoracic surgery has been the danger of lung collapse, clinical advance in this field has awaited the invention of a certain and practical means of preventing pneumo-thorax. This difficulty is now overcome, and there are already well recognized procedures in which the use of differential pressure is a necessary part of the technique. Among such, one might mention the removal of tumours of the thoracic wall, pleura and lung; exploration of the pleural cavity for foreign bodies; excision of the whole or part of a lobe for bronchiectasis; and gastro-œsophagostomy for malignant disease of the cardia, or benign or malignant stricture of the lower extremity of the œsophagus. The widest field, however, for the application of differential pressure is found in the treatment of empyæma, where, by its means and by the application of a suitable dressing after thoracotomy, the period of disability may be very greatly curtailed. At the time of operation and at subsequent dressings positive differential is especially suitable, as with a portable apparatus not only hospital cases, but also cases operated upon in private homes, may enjoy the benefit of this method of treatment.

The accompanying illustrations convey graphically the effects of differential pressure in the treatment of empyæma (Figs. A and B). Following thoracotomy an empyæmic cavity remains exposed to atmospheric pressure. In extensive cases the whole lung may be collapsed and may lie in close apposition with the mediastinum. Further, the mediastinum