A consequential empyema may follow in the course of some incurable disease like tubercular pleuritis or caseous pneumonia, or may be due to an abscess bursting into the pleural cavity, or the result of some specific disease, and from the nature of the causes producing it, would almost certainly prove fatal under any plan of treatment whatever. These are the cases that should be excluded from statistics in judging of the efficacy of a particular plan of treatment.

Now, if we have succeeded in classifying empyema into free, complicated and consequential, and understandingly defined each, we will now proceed to the discussion of the treatment of each. In glancing at our literature upon the subject, the discussion or proposal of a plan of treatment would at first sight seem to be entirely superfluous. We find there specific operations recommended, and cases cited to substantiate the particular plan. This at once captivates the reader, until he makes the application in some case and meets with a signal failure. Why? Because the case has not been dealt with upon valid principles. Our ideas have been absorbed in the operation and the results quoted to sustain it. In reviewing the journals for 1880–81, I find there proposed the following plans of treatment: Fraentzel's method of free incision and aspiration; respiratory irrigation; repeated aspiration; resection of ribs; Chassaignac's operation; spraying the cavity with a Lister apparatus; and, finally, by double puncture and valvular drainage by your humble servant. What is to be done with this complicity of plans? We should, I think, classify empyema, and establish, if possible, a first principle to govern the treatment of all cases, and make every proposed operation bend to it precisely as extension is recognized, at least in the United States, as the fundamental principle in the treatment of fracture of the long bones. The profession are willing, I think, to accept the fact that before an abscess heals in any part of the body, its cavity must be obliterated by the approximation of the two surfaces either by granulation and gradual contraction, or by primary union. Since Mr. Lister has given to the profession his "antiseptic theory," we now Callender our abscesses under the spray, apply a compress, and the result