quite easily and that it keeps her in good health. Having acquired an accurate knowledge of the case, there is very little difficulty in passing these dilators without the aid of sight. I have no doubt that this treatment will have to be followed always.

Too much care cannot be exercised in carrying out this plan of treatment. Allingham relates a case in which the gut was torn and with a quickly fatal result, and I know of a case in which a medical man attempted to dilate a stricture in the lower part of the rectum by introducing the blades of a metal dilator and forcibly opening them. The gut was torn and the patient died in a few hours.

EMPYEMA.*

By DR. BRODIE, Wyoming.

Etiology.—The causes may be divided into local and constitutional. The local causes are traumatism, caries of a rib, rupture of abscess of the mediastinum thoracic wall, or below the diaphragm, into the pleural cavity. The constitutional causes are pneumonia, tuberculosis, acute infectious diseases (scarlet fever, typhoid fever, measles and whooping-cough) fibrinous pleurisy becoming purulent and pyæmic. Pneumonia affords four-fifths of all cases occurring before the sixteenth year. Tuberculosis is rarely followed by empyema before the beginning of adult life.

Pathology.—The fluid at first is serofibrinous with excess of pus cells which increase in number as more fluid is poured out. It is first sacculated, but as the pressure is increased the adhesions are broken down and the fluid covers the lung, not all remaining at the bottom of the cavity, but usually distributed over its whole surface. If the inflammation involved only a small portion of the pleura the fluid may remain sacculated from the strong adhesions formed. This is usually found in the posterior and lower part of the lung. The pleural membranes are thickened and present a greyish white layer. The pus has a heavy, sweetish odor, except when caused by pyæmia, wounds or gangrene when it is very fetid. The lung may be compressed to a small extent, or in neglected cases may be completely compressed. The effect on the lung depends on the quantity of the fluid, whether sacculated or diffuse, and the duration of its remaining in the cavity. The fluid may contain the pneumococcus when following pneumonia; the streptococcus pyogenes and staphlycoccus from pyæmia or septic wounds, or all of these may be present. The tubercle bacilli are rarely found in the fluid.

Symptoms.—These differ somewhat, depending on the cause. When the cause is from pneumonia it may follow the original disease at once, or the symptoms may be masked by the pneumonia and delayed resolution or crisis calls our attention to the condition. Sometimes the patient improves for a week or two, when the temperature becomes elevated, the pulse rapid, pallor and sweating, and other symptoms of septic absorption. There is usually some pain and cough, but these may be absent. The forms of pneumonia most liable to be followed by empyema are those cases where

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