

chisel, which was most successfully employed by the late Mr. Maunder, whose sudden and melancholy death has deprived the profession of one who had contributed much to surgery in its various branches, and had especially interested himself in subcutaneous osteotomy.

The use of the chisel in detaching the inner condyle, as it is said without opening the knee-joint, has been adopted by Mr. Reeves, and with considerable success.

Osteotomy, with Lister's antiseptic method, for genu valgum, has been very successfully adopted by Professor MacEwen of Glasgow; and the operation which he performs is a section, or partial section, of the lower end of the femur with a chisel, without opening the knee-joint.

Professor Lister himself adopts the open-wound, with a free external incision, from one to two inches in length, and then uses the chisel on MacEwen's plan. The compound fracture thus made and subsequently treated on the antiseptic method heals, as a general rule, without inflammation or suppuration. The favourable progress of such cases I have recently watched in Professor Lister's practice, but time alone can determine what percentage of unfavourable cases may occur.

In the discussion to which I hope this paper will give rise, I would suggest the following points as some of the greatest practical interest, on which we should like to obtain the opinion, and the result of the experience, of the members present, viz.:

1. The method of performing the operation of subcutaneous osteotomy, and the instruments to be employed, viz., whether the saw, chisel, or drill;
2. The selection of cases in reference to their pathology; the joint involved; and the instruments to be used;
3. The relative merits of subcutaneous osteotomy, without any antiseptic precautions; and osteotomy by open-wound under Lister's antiseptic method.—*Dr. Adams, Brit. Med. Journal.*

A CASE OF EMPYEMA, COMPLICATED WITH LYMPHOMATA, GLYCOSURIA, ETC.

Philip R., a horsekeeper, aged 20 years, was admitted into Guy's Hospital, under the care of Dr. Wilks, on March 3, 1880. He stated that he had always enjoyed fairly good health; he had occasionally suffered from a cold or cough, but had never been laid up. There was no history of syphilis or gonorrhœa. Eighteen months ago he married; his wife had one child, now four months old and in good health. Patient's father and mother were both alive and fairly healthy. He was one of sixteen children, eight of whom were alive; and there seemed to be no family predisposition

to lung or other disease. Four weeks before admission he began to suffer with cough, with much white frothy expectoration. A week later he had pain in his left side, and went under medical treatment, but was not benefited by it. At the end of another week he noticed that his "stomach" was swollen, and during the week before admission his face was swollen. For two weeks he had passed more urine than usual, and noticed that he had to get up as often as six or seven times in the night to empty his bladder. The urine, he thought, was not altered in color. The bowels had been relaxed during the same period, being open six or seven times a-day. The motions were of a light color. He had not complained of any special feeling of malaise or aching pain anywhere.

On admission, patient is rather short and robust-looking; his expression is cheerful. The face is somewhat puffy; the pupils are dilated; he seems to be well nourished. He lies on his back in bed, and says that he cannot lie on his right side for shortness of breath and cough. He has slight thirst, but no headache; his chief complaint is of the cough and the swelling of his face. He does not complain of pain on inspiration or in coughing. His feet are not swollen, and the abdomen is only slightly prominent. On inspection, the chest is seen to be well formed; respiration is chiefly thoracic, and the left side can be seen to move more freely than the right. There is no perceptible bulging or shrinking of the intercostal spaces. On palpation, the right side can hardly be felt to move at all, but the left side moves freely. Vocal fremitus is wholly absent on the right side, in front below the nipple, and behind as far as the inferior angle of the scapula. On percussion, resonance is found to be normal both in front and behind on the left side; on the right side the chest is resonant above the nipple in front, but below that it is quite dull; behind there is absolute dullness at the base to the inferior angle of the scapula, and impaired resonance for two inches above the same point. On auscultation, the sounds on the left side are normal, with perhaps a slight roughening at the posterior part of the base. On the right side breath-sounds are altogether absent at the extreme base behind as far as the angle of the scapula, tubular to the spine of the scapula, and expiration is prolonged and rough above. The respirations are 30 to the minute. There is no ægophony. The heart-sounds are normal; the pulse is 96. The tongue is pale, and is furred along the centre of the dorsum; appetite is good; bowels are loose. The abdomen is slightly enlarged, and the liver can be felt one inch below the ribs. The urine is alkaline, very full of phosphates, pale, specific gravity 1020; it contains no albumen, but sugar is present. Temperature 99°2°.

March 4.—The urine contains less phosphates