

authority. One major-general told him in the presence of the staff at one of the district camps that medical men were becoming a nuisance, for they wanted too many things. The feeling among the militia generally is that we cannot do too much for the medical staff. In case of active service an effective medical organization can do a great deal for the comfort of the officers and men. They are just as ready to expose themselves to danger as the combatant officers. Sir Fred. Middleton especially complimented Dr. Ryerson, who was then in the Grenadiers, for his daring in exposing himself to the enemy's fire in the discharge of his duties at Batoche.

Dr. Ryerson is at present abroad, and he will, no doubt, be delighted that his long agitation has been successful. It is to be hoped, however, that he will continue the agitation for further reforms. Better equipment must be made available. The Government should do more to encourage training in military ambulance work.

THE MORTALITY FROM EMPYEMA IN CHILDHOOD.

Marshall (*Lancet*) writes of the publication of the interesting statistics by Wightman, which induced him to collect the cases of empyema which have been under his care since 1879. All the author's cases have been treated by free incisions, with the exception of two, where, owing to the grave condition of the child and extent of the effusion, it was deemed wisest to relieve the chest of limited aspirations some hours before proceeding to free incisions. This he believes to be a very useful precaution. The total number of cases operated upon by him were forty-five, the deaths being seven. In his list seven cases were under three years of age, and of these two died, one child being one year old and the second one year and nine months.

The method of treatment in every case may be briefly summarized as follows: Free incision, a single tube in infants, but a double-barreled tube in all above the third year; the complete emptying of the chest for the first week twice daily by turning the child upon its side; the early removal of the tube at the end of the first week, and allowing the patient to sit up and move about as early as possible after the first week, thus helping the expansion of the lung.

In connection with the deaths, the following facts are distinctly noteworthy:

1. That, with one exception, all the fatal cases were those of effusion on the left side.
2. In all there was a long history of illness before admission; varying from six weeks to three months.
3. In one, gangrene of the lung was thought to exist, but this could not be demonstrated post-mortem.
4. Of the two deaths occurring in children under two years of age, one was the direct sequence of chicken-pox, and, in both, the children were rachitic to a degree.