

tion to combat, and it was then that the idea occurred to me that the tube could not only be used as a siphon to draw off the pus, but also to run fluid into the cavity. I immediately tried the experiment, as detailed in the report, and the result was most satisfactory, although appalling at first, for I found most unexpectedly that, during the six weeks which had elapsed since the tube had been inserted, decomposition had gone on to such an extent that three hours constant work were required to remove the horribly putrid matter, but when this was accomplished, I felt that I had the disease *completely under control*.

From that time I never despaired of ultimate success. My confidence continued unshaken, notwithstanding the discovery afterwards that some of the putrid fibrin had escaped the previous washings, for a change of position was all that was required to remove it completely, and I was never afterwards troubled with its recurrence.

I have already occupied so much of your valuable space, that I will briefly mention only some of the points which occur to me as important, and which are suggested by my experience. As regards the tube, it should be as large in diameter as the largest canula would permit, so that any fibrinous shreds can pass through it; of sufficient firmness that the pressure of the thoracic wall would not compress it, and so graduated that no doubt can be felt as to the extent of its entrance into the chest. Its free end should be secured by tying with whip-cord and doubling down and tying again; and this should always be done before removing it from the fluid. As regards the securing of the tube: we found that the best plan was to put four strips of adhesive plaster, about one inch wide, crossways on the margins of the chest, then to pass two narrow long strips around the tube immediately at its exit, and secure one above and the other below to the side; and finally to coil the tube up and bind it below the clavicle by plasters and the flannel roller.

Experience has proved that it is not safe to trust merely to the withdrawal of the pus. My patient was suffering from constitutional disturbance, caused by the decomposed matter, long before its existence was suspected. If the washing out had been resorted to at first, this would have been obviated.

With reference to the use of the carbolic acid, it should be borne in mind that all which is run into the chest does not run