

and septicæmia rather than a return to normal health. Yet these remedies have been used with the hope that anything would be less dangerous than surgical interference which has until recently been kept in reserve as the last heroic act of a drama where by irony of custom the patient is regarded as a victim, the doctor or surgeon a sort of high priest of sacrifice.

It is a matter of record that surgeons before Hippocrates resorted to operative measures with clean hands and hot irons. Patients did recover in spite of septic invasion.

Pliny the elder has a story of a Roman Knight who suffered torment from empyema and placed himself in the front rank of battle hoping to end his life as a noble post: he did receive a lance thrust, lost a great amount of pus and recovered. At this distance it is difficult to guess, with certainty, at the bacteria present, but the copious amount, the fluidity suggest staphylococcus. Recovery after one puncture suggests tubercular infection invaded by pneumococci.

Even to our own day numerous physicians and surgeons live in dread of the intra-thoracic pressure, collapsed lung and sepsis when requested to make more than a puncture of the pleural wall. Only the hopeless (?) cases were brought to operation a few years ago. Parietal pleura an inch thick refusing to comply with a collapsed lung was operated by excision of a portion of several ribs leaving the pleura unsupported. This fell in on the lung and in some cases after the subsidence of sepsis, if the case were not too long standing, the lung regained function re-expanded, pushed pleura back to nearly its normal position and in course of time new bony tissue replaced the old.

In conclusion let me point out that the votaries of internal medicine are recognizing the presence of pyothorax as a condition for surgical interference and to quote Carl Beck: At the ninth congress of Internal Medicine, Ewald seconded by Ziemssen, one of the greatest internists alive made the potent declaration that "Old cases of pyothorax should not exist and when they do the attending physician should be held responsible for their existence." And as long as the fable of spontaneous healing of pyothorax still haunts reputable text books on internal medicine the realization of such an ideal state of affairs cannot be expected."