

contraction we shall obtain with the acid, while with the cautery we can regulate the action exactly. In experienced hands the cautery is easier of application. I first apply a ten per cent. solution of cocaine. As a rule, this will remove the anterior swelling, showing how little of connective tissue infiltration there is in these enlargements. The flat electrode can be applied to the surface, or a pointed one can be thrust into the swelling, a destruction of a few of the blood vessels and the work is accomplished. There will be sufficient contraction to prevent further obstruction. The cautery should be applied gently and not too hard, in order to get the minimum inflammatory reaction. A prescription reading as follows:—

R	Morphiæ sulph.	gr. i.
	Cocaine hydrochlor.	gr. x.
	Aquæ distill.	ʒi.

Can be placed in the hands of the patient with directions to apply it to the nostrils with a camel's-hair pencil to prevent swelling after the cauterization. It is of course possible to foster too much tissue by a too liberal use of the cautery. Enough of the anterior enlargement should be left for physiological purposes. When they are entirely removed we have a condition simulating atrophic rhinitis. Dry, scabby nostrils and a pharyngitis sicca. After the anterior swellings have been reduced we can pay attention to those on the middle portion of the inferior turbinated bones, which, however, are not common.

There are circumstances which require the use of other measures, such as the use of antiseptic solutions of 1-3000, which are to be greatly preferred to plugging of the nostrils. Jeffrey's rhinoscope is to be preferred. Gauges, self-retaining plate hooks, trephining, and radical operation on the nasal septum were spoken of and the occasions for using them indicated.

SOME PECULIAR CASES OF EMPYEMA.

AN ADDRESS BEFORE THE ONTARIO MEDICAL ASSOCIATION, BY
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JUDGING from what has occurred in the field of my own observation, as well as what I meet in medical literature, I am forced to the conclusion, that although in few diseases is an early diagnosis of so much importance to the future well-being of the patient (I mean if followed by proper treatment), yet there are few in which the real nature of

the case is so frequently overlooked, in proportion to the total number of cases occurring, as in purulent pleurisy or empyema—increased frequency of respiration with pain, fever, dyspnoea, absence of respiratory murmur, dullness on percussion, rigidity, flatness of intercostal depressions, œdema, are the symptoms and signs given for this disease.

And these, if all found, would certainly indicate a collection of fluid in the chest, which, having once concluded, I do not hesitate to use a hypodermic needle and ascertain its nature; the precaution being taken of first dipping the needle into strong carbolic acid, then into boiling water, and sticking it into a clean cloth, and removing any loosened epidermis or sweat by washing the part of the chest selected for the insertion of the needle. In this way I have found it perfectly safe, and even a two or three year old child will not complain much of pain.

The majority of cases occurring in children, during the period of dentition, when indigestion plays a large part in the ailments of childhood, often a hasty diagnosis of worms or teething is made, especially should a convulsion mark the commencement of the trouble, as it frequently does at that period of juvenile life, and the patient is dosed with santonine or pink root, and perhaps its gums lanced. Should one or more worms follow the administration of the former, there appears to remain no further need for reviewing the diagnosis, and failure to recover is frequently ascribed to the perversity with which the little sufferer objects to taking his medicine.

I will illustrate. Annie V., *æt* 4 years, April 4, 1878. Emaciated, pulse 180, *R* 100, alternate fever and perspiration. Had been ill since latter part of January. Treated by eclectic doctor for *worm fever*. Begun with convulsion, and diagnosis confirmed by passage of worms after administration of powders. Continuing very ill. On change of doctors was treated for pneumonia. Had coughed and vomited purulent matter for several weeks. I aspirated one pint of laudable pus when child fainted, and I quit and gave stimulants, fresh air, etc.

On the 8th I made free opening and discharged about one and a half pints, when she complained of pain in the side, and syncope again threatened. I inserted pledget of cotton and closed the wound, so as to stop the discharge. 9th. I inserted drain-