ill for three months. I found him sitting up —he could not lie down for dyspnœa; both legs and feet were much swollen; he had cough, with muco-purulent expectoration; had irregular chills and night-sweats; pulse 100 and irregular; no appetite; percussion resonance fair over entire posterior portion of chest; flat over anterior surface of right chest from second rib down, with bulging of intercostal spaces. Percussion resonance clear over left chest anteriorly, except over præcordial region; heart apex in sixth intercostal region and two inches to the left of a line drawn through the left nipple; auscultation posteriorly, respiratory murmur, with occasional bronchial râles distinct everywhere; anteriorly, bronchial respiration in right subclavian region as far as third rib; below that no respiratory sound whatever; puerile respiration marked in left lung.

Diagnosis: Sacculated empyema; a large and long hypodermic needle was passed between the fifth and sixth ribs, anteriorly, on the right side; the barrel of the syringe was filled with thick, white, inodorless pus; paracentesis was decided upon; a sharp-pointed bistoury was inserted close to the upper border of the sixth rib, and an incision two inches long was made in the intercostal space; a very slight purulent discharge followed. We now proceeded to insert a large drainage tube, but found it impossible on account of the close approximation of the ribs. These we tried to separate by various instruments, but in vain. I then examined the wound with the forefinger, and found that as I pressed firmly the ribs began to yield and separate, and then, to my great delight, the finger passed its whole length into the chest cavity, and, on its withdrawal, was followed by a copious discharge of purulent fluid. "Ah!" exclaimed Mr. P., with a gush of relief, "I would have given you five hundred dollars just now to take away your finger, and now, if I had it, I would give you as much for having put it in." Cod-liver oil, ℥j, with twenty drops of the muriated tincture of iron, three times daily, was prescribed—a favourite prescription of the writer in such cases. In about two months Mr. P. was entirely restored to health. The chest was twice washed out with warm water slightly carbolized.

Salicylate of Sodium in Acute Cystitis.—Borgehold mentions, in the *Deutsche Medicinische Wochenschrift*, twenty cases of acute cystitis in which he produced good results by the internal administration of this drug. During the first three days of the treatment he gives half a gramme every two hours; for the succeeding eight days he gives the same quantity thrice daily. The writer asserts that with this method he is able to dispense entirely with irrigation of the bladder, and that in none of the cases thus treated has the disease become chronic.—*N. Y. Medical Journal.*

ACUTE INTESTINAL STRANGULATION AND CHRONIC INTESTINAL OBSTRUCTION.

Mr. Bryant in his first Harveian lecture says:—

By way of conclusion, I would lay down the following as rules of practice.

1. Laparotomy should be undertaken as soon as the diagnosis of acute intestinal strangulation is made. There should be no delay allowed for the formation of a specific diagnosis of its cause. It should likewise be proposed in all cases of acute intussusception, and of chronic, which have failed within three, or, at the most, four days, to be relieved by other treatment.

2. In all operations of laparotomy, it is to the cæcum that the surgeon should first advance, since it is from it he will obtain his best guide. If this be distended, he will at once know that the cause of obstruction is below; if it be found collapsed, or not tense, the obstruction must be above. Adhesions or bands, are, moreover, more frequently near to, or associated with, the cæcum, than with any other part of the intestinal tract. It is also in the right iliac fossa that the collapsed small intestine, in cases of acute strangulation, is usually to be found; and, with this as a starting point, the surgeon will have less difficulty in tracing up the intestine to the seat of strangulation than if he begins at a distended coil, when it will be a matter of chance whether he travels away from or towards the special object of his search —the seat of obstruction.