with a+3 lens it was $\frac{1}{4}$. For the far vision he required $a+2+3\frac{1}{4}$ lens; for the near, $+1\frac{1}{4}$. The corrective glasses should not be worn, save casually, until three months after the operation.

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TREATMENT OF EMPYEMA BY MEANS OF THE SYPHON-TUBE

BY WILLIAM OLDRIGHT, M.A., M.D., MEMBER OF THE MEDI-CAL COUNCIL OF ONTARIO, CURATOR OF THE MUSEUM, TORONTO SCHOOL OF MEDICINE.

Besides the case of Empyona alluded to by Dr. Richardson in your February Number as being under my care, I have sace had another, in which I have also availed myself of the valuable method of treatment which he has originated. This last case has been far more complicated.

The first case was that of R- C-, age 3 12. I first attended Bobbie in May 1870, for a small abscess in the thigh, which healed up in a week. With that exception he had always been a strong, healthy boy. I was again called to see him on the 30th of November, 1870, and found him to be suffering from an attack of Acute Bronchitis. His symptons increased in severity, and en the 4th of December he was very low, face livid, pulse 160, respiration hurried in proportion. Dr. Geo. Wright saw him with me from time to time. After this the urgency of his symptoms gradually abated, but about the middle of December we observed a circumscribed bulging and duliness a little above the left nipple, whilst the rest of the chest was resonant. A. few days later the bulging disappeared, and the duliness became less marked in that particular portion of the chest, but became more general The pulse continued quick, respiration quick and labored. Hectic symptoms also showed themselves. Dr H. H. Wright was now called in consultation. Being convinced that the left pleural cavity was full of fluid, (Dr. Wright conjectured that that fluid was pus), we determined upon paracentesis. This was performed on the following day, 6th of January, Dr.