introduced to keep the wound open), and to cleanse the cavity by injections. He removed the oakum, but neglected to replace it, or to wash out his side as directed. He returned after the lapse of two weeks with the wound partially healed and the sac full, with acute pleuritis of the right side, which caused him much difficulty in breathing, owing to the limited capacity of the left lung. He was soon relieved of the acute symptoms, but his means of support being limited, and requiring constant attention, it was deemed advisable for him to go the hospital. He remained there till about the 1st of August, when he was brought home. I was called to see him on the 8th and found him very much emaciated, the opening was small, and his side discharged about ten ounces daily. The left half of the chest measured 11⅛ inches, and the right half 15⅜ inches. I operated again (under nitrous oxide gas) making the incision by measurement two inches in length, using a curved director, which I passed in between the lung and chest wall as a safeguard upon which to make the incision. Through this free opening the accumulated pus discharged freely, and the cavity was readily and thoroughly cleansed. Erysipelas developed in and about the wound, but soon subsided under the internal administration of iron, carbonate of ammonia, and the external application of warm fresh buttermilk. He gradually improved in strength, and the latter part of Dec., 1877, was able to walk about his room, when he formed the habit of taking opium to produce sleep, after which time his appetite failed, and he became constipated, His wife informs me that he has subsisted on brandy, milk, and water for the last four weeks, and that his bowels have not moved without injections for the last three weeks. The waste exceeded the assimilative process to that extent as to render recuperative impossible. General emaciation was the result, and he gradually sank and died a mere skeleton, on the 4th of Feb. 1878. Had he deferred his trip abroad and remained under treatment, I have every reason to believe he would have been alive to-day and enjoying tolerably good health. Unfortunately I was unable to obtain a post-mortem, but from physical explorations performed at various times, I am satisfied that the lung was in a fair condition. There was feebleness of the respiratory murmur and diminished vesicular resonance, over the apex in front, but were not devoid of their distinctive characters. These signs would be consistent with partially compressed lung, and rigidity of the pulmonic pleura, rendered dense by a deposit upon its surface, or if the physical signs here enumerated depended upon a deposit of miliary tubercles, which we might infer from the previous history of hemoptysis, the deposits must have been small and disseminated, for the expectoraion was not sufficient, or of such character as to lead me to infer that there was disintegration following miliary tubercle, and there were no signs indicative of a cavity.

There are several useful lessons to be derived from this case, although terminating fatally.

1st. That our physical explorations of the chest should be so thorough, in cases pointing to disease thereof, as to give the patient the advantage of an early diagnosis.

2nd. To operate early, or while the system is in a condition to be recuperated, is absolutely necessary in order to insure the possibility of recovery.

3rd. To make a free incision in order that thorough drainage may take place, as from any other abscess.

4th. Not to allow the wound to close until the discharge ceases, and keep the cavity cleansed and disinfected.

6th. To sustain your patient from the outset by good diet, stimulants and *especially pure, fresh, air.*

Correspondence.

INSANITY.

To the Editor of the CANADA LANCET.

SIR,—In the last number of your issue appears an interesting essay on the above subject prepared by Dr. Clarke, Superintendent of the Asylum for Insane, Toronto, and read at Hamilton last September before The Canada Medical Association. As a medical man I am much in sympathy with the Dr.'s views as contained in his essay, but I take strong exception to a case of attempted homicide cited and described by him, to show the difficulty scientists experience in determining where sanity ends and insanity begins. The case in question is a felony which was committed here a couple of years ago, and is known as *Regina* vs. *Wright.* The facts attending the commission of the crime are correctly set forth, but your readers unac-