

Treatment.—Rest in bed, counter irritation, bromides, iodides, suggestions. Efficient mechanical restraint mentioned in connection with the second case illustrates the effect of suggestion. As soon as the patient sits in the chair the spasms are decidedly less, as if the knowledge that the head could not turn strengthened the inhibitory power. Division of muscles and of nerves has not given good results and frequently has done harm.

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A CLINICAL STUDY OF ABSCESS OF THE LUNG.

WE find the first recorded history of lung abscess in the works of the father of medicine, and Hippocrates, in his aphorism, "when empyæma is treated either by the cautery or incision, if pure and white pus flow from the wound, the patients recover, but if mixed with blood, slimy and fetid, they die," seems to have been the monitor to the medical world for many centuries. Not until 1664 do we find record of any physician exhibiting a deliberate purpose of opening a thorax evacuate an empyæma, and that honor belongs to Baglivi, who thus drained an abscess following a sabre thrust in the lung.

However, it was not until Gluck, Biondi and Schmidt (in 1882) showed by experiments on animals that operations on lung tissues were well borne that surgeons felt justified in undertaking extensive operations in this region. Since that time the subject has received a great deal of attention, and much has been written, and many instructive cases reported. Among those most active in the field have been Bull, Park, Tuffier, Quincke, Murphy, Godlee, and Runeberg.

Empyæma of the lung frequently differs from abscess elsewhere in the body, in that the parts surrounding the tissues to be expelled are usually normal in other organs, while in the lung a large portion, often an entire lobe, may be the seat of another disease, the abscess being formed later in the infected