

REMARKS.

I am often asked why should voluntary aid take the place of supplying what should be the duty of the Government to supply the wants of the sick and wounded? The answer is that no Government can keep up in time of peace a medical establishment capable of coping with the requirements of war, and especially of modern war, with its hordes of wounded, and because the Red Cross is the medium of the expression of the sympathy of the people. The Red Cross is the sole means of communication between the public and the sick and wounded, and aids all wounded, irrespective of creed, color, race or country. It is therefore the broadest philanthropic society in the world and deserves the support of all feeling and thinking men. Its work is confined under British law to the sick and wounded only. The comforts of the fighting man in health is cared for in this country by the Canadian Women's Patriotic Service League, and the distributions are made by the Canadian War Contingent Association in England.

Toronto, December 15th, 1914.

PULMONARY ABSCESS AND BRONCHIECTASIS.

1. The differential diagnosis of true lung abscess and suppurative bronchiectasis is important.
2. Radiographical study of each case is essential.
3. Bronchoscopical examination is a valuable procedure and should not be omitted.
4. Drainage of a lung abscess by thoracotomy is likely to result in cure.
5. Drainage of large infected bronchiectasis may be followed by improvement, but complete recovery is unlikely.
6. Extensive thoracoplasty should be reserved for those cases in which other operations have failed.
7. Exploration of the pleural cavity and of the lungs by intercostal thoracotomy is feasible and reasonably safe.
8. Extirpation of a bronchiectasis by removal of the affected portion of the lung may lead to complete recovery, but the danger of the operation is great.
9. Artificial pneumothorax and Tuffler's extrapleural tamponade should be reserved for cases of pure tuberculosis.
10. Intratracheal insufflation is a simple, accurate, and safe method of securing differential pressure.
11. Operations involving one lung can be performed with inhalation anæsthesia.—*Tr. Am. Surg. Ass.*, N. Y., April, 1914.—*Med. Times.*