

inished, left side of chest bulging, measures one inch more than right side; intercostal spaces full.

Right Lung—Normal, except an occasional moist râle at the base.

Heart—Displaced slightly upwards and to the right side.

Cough is severe, with copious offensive, dirty-looking, purulent expectoration. Expectoration began suddenly four weeks ago, two pints of pus being brought up in one night. Ever since copious purulent expectoration has continued. Temp. 101°; pulse 100; resp. 38.

Was ordered stimulants, iron and quinine, and cod liver oil.

12th May—Cough is very severe, at least 12 oz. of frothy purulent matter being expectorated in twenty-four hours. Patient cannot lie on right side. Physical signs unchanged; left side of chest was aspirated, 10 oz. of thick pus being drawn off. A free incision was then made into the pleural cavity, with antiseptic precautions, and 41 oz. of bloody purulent matter removed. Owing to the closeness of the ribs, a tube could not be introduced. This wound was dressed antiseptically.

15th May—Passed a good night. No pain in side. Expectoration during last twenty-four hours was 3 oz. The wound was dressed, and several ounces of fluid were discharged.

19th May—Wound is dressed daily, 2 to 4 oz. of matter coming away each time. Cough is less, and temp. normal.

25th May—Wound has been closed by granulation for two days, and pain is again felt in side. Percussion is dull, and breathing very weak over lower portion of left lung; a few clicking râles at the apex.

27th May—Under ether, Dr. Wilkins excised two inches of the 6th rib, making an incision parallel with the rib between the nipple and axillary line. Several ounces of purulent matter came away. A large silver tube was introduced and dressings applied, the pleural cavity to be washed out daily with Carbolic Acid Solution 1×100. Antiseptic precautions were not employed.

In two days the temperature fell to normal and the patient began to improve. In three weeks a soft rubber tube was substituted for the silver one, the discharge having fallen to about 1 oz. daily. A stronger carbolic solution (1×80) was now employed and the cavity washed out twice a day, with the result of removing all fœtor from the discharge. The improvement was thenceforth rapid; cough

disappeared, and breath sounds began to return; four weeks after the operation, patient was able to sit up and walk about; three weeks later the discharge ceased, and the wound was allowed to close up.

5th August—Percussion note fairly clear, down to the 5th rib, and the breathing audible, though weak. Was discharged from Hospital.

Six weeks afterwards he reported himself in good health, with neither pain nor cough, left side of chest expanding well, and air entering the whole lung freely.

REVIEW.

Lindsay & Blakiston Visiting's for 1883. P. Blakiston, Son & Co., Philadelphia.

The oldest and one of the best Visiting Lists published. We have used it for 20 years, and are thoroughly satisfied with it.

The Medical Record Visiting List for 1883. New York, Wm. Wood & Co.

This useful and handy list continues to maintain its high standard of excellence. Less bulky than most of the others, it is convenient as well as sufficiently complete. Among its new features this year we notice a card-board gauge for Urethral Sounds according to the French and American scales. It may be obtained for either thirty or sixty patients, with or without dates.

USE OF NITRITE OF AMYL IN PARTURITION.

Dr. Fancourt Barnes, physician to the British Lying-in Hospital, and assistant physician to the Royal Maternity Charity, reports in the *British Medical Journal*, for March, 1882, the use of amyl nitrite to counteract the effects of ergot. The midwife hoping to hasten the third stage of labor had given the patient ergot, directly after the child was born, which caused hour-glass contraction of the uterus. The os internum, and muscular fibres above it were so contracted as only to admit a finger. The umbilical cord had been separated from the placenta. He administered three drops of the nitrite to the patient by inhalation, which immediately arrested the uterine spasm, so that the os, that had been absolutely undilatable, steadily yielded under the influence of the drug, till he was enabled to introduce the whole hand into the uterus and detach the placenta, which was universally adherent. There was no hemorrhage whatever, and the placenta itself presented a remarkably exsanguine appearance.—*Medical Tribune*.