

thoroughly curetted but the wound not healing, a more extensive operation was done May 16th, ult. I then found the whole of the eighth cartilage diseased, which I removed, along with portions of the sixth and seventh—the disease, central necrosis, having involved the articulations between these cartilages.

EMPYAEMA.

Our method of procedure in this condition is, after using a large hypodermic needle, to have a culture made of the pus. Should it be due to the pneumococcus or tubercle bacillus then aspiration, repeated if necessary, will frequently cure. Should, however, the effusion be due to pyogenic organisms, we prefer thoracotomy, or excision of the ribs if needed. Along with this we generally advise lung gymnastics (blowing water out of a bottle, the cork of which contains two glass tubes with rubber attachment, into another bottle), as there is always possibility of permanent compression of the lung. When this occurs, as the lung cannot expand to the chest wall, removal of some of the ribs is necessary, as in two recent cases where I had to do a partial Estlander operation for the above condition of collapsed lung.

HEMORRHOIDS.

I generally employ the silk ligature by transfixion for hemorrhoids, and in using this method there are two essentials to the successful carrying out of the operation: first, as perfect asepsis as can be secured in this region, and secondly, the proper use of the ligature. As to the latter, there is danger of opening up a venous sinus in the transfixion by the needle, and then, when the divided ligature is tied, the bleeding would be free, since each half would hold open the sinus. To prevent this it is advisable before tying the one ligature, to include one of the ends of the other ligature in the first loop, thus closing the sinus.

INGUINAL HERNIA.

In a recent case of inguinal hernia in a female on whom I did Bassini's operation for radical cure, there were very few symptoms of rupture, and even these were poorly marked. There