The child was discharged about two weeks afterwards with condition apparently cured. Shortly after, however, Dr. Thistle, who saw him in private, found it necessary to insert a drainage tube. The discharge soon ceased again, and has not recurred.

The disastrous results which follow in neglected cases are very apparent. Let me narrate such a case.

CASE 3. T. S., æt. 4. Admitted to Toronto Hospital for Sick Children, June 16, 1894. History of illness for two months before admission. Five weeks previously he had been operated upon in private. An incision had been made one inch below and to the left of the left nipple, and a drainage tube inserted in the intercostal space. The tube, however, "came out" after a few days, and the drainage was very imperfect subsequently. On admission there was a small sinus opening in the position indicated above, from which exuded stinking pus in small quantities. The opening was not free, and the pus came away chiefly when he coughed. There was an extensive area of dullness over the left chest.

On June 29, 1894, I operated, assisted by Dr. Clingan. An incision was carried backwards along the fifth rib from the fistulous opening for about three inches. The rib was exposed, periosteum divided and peeled off by means of a smooth elevator. A Hey's saw was used to partially sever the rib; the division was completed by means of bone pliers, and then an inch and a half of the rib was removed. The periosteal bed was now dissected out, the intercostal artery being divided in the process and secured. Up to this point the pleural cavity had not been opened; the thickened pleura was now incised, and thick, stinking pus, containing flaky material, was poured out in large quantities. On introduction of the finger a large cavity was found. In all directions the limits of the cavity could just be reached with the index finger introduced full length. The cavity was now flushed out with sterilized water. After thorough flushing the finger was again introduced, when it was found that the lung had expanded considerably, and portions of it were lying quite against the opening. One could readily pass the finger behind it, however, and the cavity was, by no means, completely obliterated. It should be noted that the position of the child was somewhat altered between the two digital examinations, and this, no doubt, aided in bringing the lung more in contact with the chest wall. A drainage tube provided with a shield was inserted and fixed in position.

The child was in the Lakeside Home during the summer; the temperature ran an irregular course, and the discharge varied in amount. About four weeks after the operation, the discharge being very scanty, the house surgeon removed the tube; the temperature began at once to rise, reaching 104.4°, and the tube was replaced. The child remained in the hos-