

comply with the request, and I propose to add some remarks on the surgical treatment of diseases of the lung and pleura.

In the first place, with regard to the history of the above mentioned case, the following are the chief points. The patient, who is now 28 years of age, came under my care on April 19th, 1888. He presented the appearance of one in the last stage of phthisis. The left lung was phthisical to a high degree, the pleura being firmly adherent in its upper third; in the sputum numerous tubercle bacilli were found. In the two lower thirds of the left pleural cavity there was an empyema which had been in existence for two years and a half; several fistulæ traversed the left front chest wall, which was also the seat of tubercular disease. As a result of the left-sided empyema, the heart was dislocated to the right behind the sternum. The right lung was comparatively healthy, and acted well. In the middle of October, 1885, the patient became affected with serious left-sided empyema, and after that time (that is to say, for more than two years and a half) he was, with few exceptions, confined to his bed.

In November, 1885, about three litres of pus were removed by means of puncture (thoracocentesis). In September, 1886, and January, 1888, thoracotomy, with resection of a piece of rib at the lower and hinder part of the thorax, was performed by a practitioner in Saxony. When the patient came under my care in April, 1888, I first sought to cure the existing left-sided empyema by means of extensive rib resections—from the second to the sixth rib on the left side in front, and of the seventh, eighth, and ninth ribs on the left side behind—of course with slight hope of success, since the left lung was already the seat of serious tubercular disease. As the patient was becoming steadily weaker, and had no prospect but that of a speedy certain death before him, I determined to expose the tuberculosis of the left pleura and left lung by extensive resection of the anterior part of the tubercular left chest wall—ribs as well as soft parts—and subject it to energetic local treatment. In this manner the left lung would certainly be placed completely, and probably for ever, *hors de combat*, and the patient would have to be contented with the work of his right lung alone. But the left lung was