In two days the temperature and pulse were normal, the diarrhœa had ceased, and the sweating nearly so. The œdema had disappeared, and the patient felt better. The respirations were still hurried. The inlet tube was now withdrawn. In a week the temperature was sub-normal, while the pulse had gone to 114. There was at no time any offensive smell to the pus. The father was shown how to dress it, with instructions to let me know if pus became fœtid. I saw him once or twice a week. He was up and about the house, and continued to do well in every respect until 9th Jan., when the father met me, as I was going out of my office in the morning, with the expression that "the blamed thing had broken off and gone in." I hurried to the patient's house, some five miles away, and found it as the father had said, the drainage tube had broken off close to the shield and had fallen or been sucked into the pleural cavity.

I dilated the ribs, which had fallen together, with a uterine dilator, and tried to grasp the tube with forceps, but could not do so.

The next day, Dr. Lange, of Granton, met me again, and having put the patient under chloroform, assisted me in the resection of $2\frac{3}{8}$ in. of the 8th rib in the line of the old incision, then, while the patient was turned over on his side so as to allow the tube to fall towards the opening, I felt it drop upon my finger, placed in the pleural cavity. I was able to grasp it with a pair of curved forceps and withdraw it. I might say that at that period, 21 days after the pleurotomy, there still remained a vast cavity in the chest, as I could make out with the examining finger.

Having washed out the cavity with sterilized water, another drainage tube with the rubber shield was inserted, a few stitches closed the wound, and the same dressing as before completed the second operation.

For three or four days the temperature and pulse went up. 101° and 108 respectively was the highest attained. He had night sweats, and greatly lost flesh for a week. After that time the pain wore away, his sweating ceased, he was able to sit up, his appetite improved, he gained in flesh, and made an uninterrupted recovery.

I withdrew the tube on the 19th Jan., and allowed the opening to close under a light dressing of gauze and oil silk. From that time he has been allowed his freedom.

Since allowing it to close, expansion of the lung has taken place to such an extent that whereas there was two in. difference in the two sides when the tube was withdrawn, now there is but one, that is the left side which had fallen in two in., has now expanded one in.

Now as to the cause:—This young man was a favorite with the girls, and spent nearly every night of the week attending sprees on neighboring farms. He would go long distances to attend them, and get home often at daylight. His father kept him engaged well during the daytime in order to break his night work.

A couple of days before his pleural trouble he had been out all night, and got home just as his family were getting around in the morning. He was not allowed to go to bed, but spent the day in a drafty position attending a threshing machine. Thus I account for the fact that what in most persons would have been fibro-serous, was in him purulent, because of his depressed and over-worked condition of body and nerve, resulting in some vitiation of the blood.

Selected Articles.

IPECACUANHA IN DYSENTERY.

The following interesting case, illustrating the magical effect of ipecacuanha in large doses in the treatment of dysentery, has lately been brought under my notice whilst acting as physician to the French Hospital, Suez.

M. S——, a native of Austria, has resided for the last nine years at Ismailia. This town is notorious for malarial fever, and for three months in each year—July, August and September—she has suffered from intermittent fever. The paroxysm of fever came on about 11 A.M, terminating about 3 P.M. Towards the latter part of July of the present year she had a very severe attack of fever accompanied by acute dysentery. The diarrhœa was very troublesome, the bowels being moved as many as fifteen times in the course of the day, and the action being accompanied by much tenesmus. The character of the stools was typical of dysentery—at first yellow, then mucoid and slimy, with a very offensive odor. At the commencement of the attack retention of urine occurred for three days, and there have been subsequent attacks of dysuria. For days after the commencement of the fever severe pain was felt