

trocar and canula between the sixth and seventh ribs, midway between the centre of the sternum and spine, and withdrew about 160 ozs. of pus. A drainage tube was passed in through the canula, and the cavity washed out with tepid water. Thirteen inches of tubing was left in.

14th, Had a good night's rest, cough almost gone, temperature 100°. Removed 16 oz. of pus, and washed the cavity with a solution of carbolic acid, 1 in 40. Attached a rubber bulb to the tubing, which assisted greatly in withdrawing the fluid. I may state that, owing to the entrance of air, the pus, on the second day, became very offensive; but the rigors had ceased entirely after the first washing.

The case progressed favorably, and the discharge became less offensive and smaller in quantity until, at the end of sixteen weeks, it scarcely exceeded a drachm, and thinking it might possibly be kept up by the irritation of the tube I removed it, and allowed the opening to heal. The lung, at this time, had almost resumed its natural position, and was quite resonant to within a few inches of its base.

I heard nothing more of the case until the 16th of July following, or six weeks after removing the tube, when I found the old symptoms returning, and the cavity again partly filled with fluid. This time I inserted the drainage tube between the seventh and eighth ribs, and removed 50 oz. of very offensive pus. I followed the same line of treatment as before, but was very careful to leave in the drainage tube until the secretion had entirely disappeared. The patient is now quite healthy, with good use of both lungs.

Dr. Burt, of Paris, made a few remarks on diagnosis, showing the difficulty there is in some cases, in distinguishing it from solidified lung. When he was in doubt, he used a fine trocar and canula. He thought instead of danger resulting from wounding the pleura or lung with the trocar, good was done by promoting absorption.

Dr. Bucke thought there should not be much trouble in diagnosis.

Dr. Millman mentioned a case where empyema had been mistaken for phthisis, in a child seven years of age. The pus found its way into the bronchi, and escaped. Air entered the pleural cavity through the opening. The child eventually recovered.

To the question whether the disease recurred on

the same side, Dr. Hill gave particulars of a case in support of this view.

The President, Dr. Turquand, mentioned two cases where he and his partner, Dr. H. M. McKay, had drawn off the pus, used carbolic injections, but no drainage tube. Both cases recovered.

Correspondence.

UNPROFESSIONAL CONDUCT.

To the Editor of the CANADA LANCET.

SIR,—I was pleased to notice in the last number of your valuable journal that the Medical Association of the County of Oxford had adopted the code of ethics of the Canada Medical Association. I am desirous of knowing the contents of the above code, and I am of the opinion that a copy of the same might with propriety be furnished each school of medicine for the purpose of informing students on a subject now too much neglected. There is a regularly qualified medical practitioner in this village who attends cases of midwifery, five miles distant from his office, for a fee of two dollars and fifty cents—this, I presume, including the fee for the usual visit after confinement. Now, sir, such a state of affairs is, to say the least, discouraging to the prospects of those contemplating an entrance into the profession. I think such unprofessional conduct should receive the contempt it so richly deserves.

Yours, etc.,

A STUDENT.

Odessa, Feb. 15, 1879.

Selected Articles.

TREATMENT OF PROLAPSUS RECTI.

Dr. Basevi, in the *Wiener Medizinische Presse*, Sept. 15, 1878, (*Le Progrès Medical*), describes a plan of treatment of *prolapsus recti* in infants which has given excellent results.

When the intestine has protruded for the first time he cauterizes the mucous membrane lightly with nitrate of silver and returns the gut and employs an enema of alum and tannin in ice-water. If it is a chronic case, the prolapsed intestine is returned, and while the child is held in a position to prevent its again coming down, a bandage an inch in width is passed around the body from above downwards as far as the anus, drawn tight enough to closely approximate the buttocks, which prevents the recurrence of the accident. To prevent this horizontal roller from slipping, a double spica is