

Six months after this or eight months after the commencement of the attack he was sent to North Wales for a change of air. His side was constantly discharging freely except for 9 days when it ceased, and he became so weak that his physician said he would not live. He was brought home at the end of a month and from that time he improved somewhat. His side continued to discharge four or five tablespoonfuls of pus in a day up to the time of his coming to Nova Scotia, at the age of 8 years.

From that time till he came to see me in May last the discharge grew somewhat less till when I saw him it averaged one or two teaspoonfuls a day. It was noticeably offensive.

His weight was 68 pounds at the age of 15 years, that is in May last, when I first saw him. He was tall and though his face was full, with a pink and white complexion, his body was somewhat emaciated. There was marked lateral curvature of the spine. The vesicular respiratory murmur appeared to be absent over that side of the chest. The case had then been of 10 years standing.

On the 2nd of June I began to treat him. The sinus was large enough only to admit of a small silver probe being passed into it. I was two weeks in dilating this opening with laminaria tents, and I was able to introduce a rubber drainage tube the size of a stomach tube, a large size.

I then washed out the cavity daily by means of a fountain syringe; with 1 to 1500 bichloride solution. The patient stated he could feel the fluid passing around to the back of the lung. I did not find a solution of this strength too irritating. At the end of 8 weeks the discharge became less and I injected the cavity with iodoform in suspension in glycerine. Afterwards, while continuing the daily washing, I injected, about once a week, tincture of iodine diluted, at first one half and then only one quarter with glycerine. This caused a good deal of momentary pain and burning. A month ago I removed the drainage tube, and the sinus readily healed, and

is now permanently closed. The patient's weight has increased from 68 to 75 pounds.

I know this is not at all a unique case. Still it is one of long standing, and I believe the patience exercised in the treatment is answerable for the result. Had recovery not taken place the patient would probably eventually have been attacked with albuminoid disease.

In these old-standing cases there is an abscess cavity lined with a greatly thickened pyogenic membrane, and on account of the retraction of this lung adhesion between the two surfaces does not take place. Has it done so in the case I have cited? When should Estlander's operation be performed which Dr. Gerster recommends so unreservedly? It is a very serious one, involving the removal of several inches (it may be) of several ribs, with their periosteum and the thickened pleura under them, the object being to cause the chest wall to collapse and come in contact with the pleura covering the lung. Might not patience and more conservative surgery, generally accomplish a cure? Here is a satisfactory result without operation, although in a case of ten year's standing.

It is noticeable in this case that the commencement of the empyema was not observed by the attending physician. It appears to me it is a disease very apt to be overlooked. In this patient it came on as a sequence of measles. It should always be suspected, especially in children, if after any of the acute specific fevers recovery is unaccountably delayed; and the patient, instead of improving, begins to fall back.

COMBUSTION OF THE HUMAN BODY.

(Original in Popular Science News.)

BY GEORGE T. BINGAY.

"Spontaneous combustion of the human body probably never occurs, but that it sometimes becomes so combustible as to kindle from a flame and be