Original Communications.

MONTREAL GENERAL HOSPITAL.

Resection of Rib, by DR. WILKINS. From notes of case taken by Mr. GEORGE W. NELSON, Bishop's College.

Maria Malone, aged 19, had been in hospital several months previous to coming under Dr. Wilkins' care, during which time paracentis thoracis was performed three times for hydro-pneumothorax. Free openings had been made between the seventh and eighth ribs into which drainage tubes had been inserted, one anteriorly and the other posteriorly. These openings had contracted so much that it was with great difficulty a small sized elastic catheter could be introduced for the purpose of washing out the cavity, which was still secreting a large quantity of pus. A probe could be passed about ten or eleven inches through either of these orifices, upwards and backwards, in the direction of the trachea. To facilitate the introduction of injecting fluid, and thus permit her removal from hospital, it was decided to enlarge one of the openings, or rather to make a fresh one by the removal of a portion of one of the ribs, and to insert a silver canula into the opening thus made.

Operation.—An incision was made about three inches in length, cutting down upon the seventh rib, the anterior margin of the incision being about two inches from the edge of the sternum. The line of the incision was midway between the upper and lower borders of the rib; a corresponding incision about two inches long was made through the periosteum, which was separated from the bone for about an inch; the separation being effected by means of gouge. None of the periosteum was removed. The rib was then sawn by means of Hey's saw, and a piece about one inch in length removed, the anterior section being about four inches from mid-sternum, the other about one inch posteriorly. An opening was then made into the pleural cavity and a large size drainage tube inserted.

Twelve days afterwards (28th July) the rubber tube was removed, and a silver tube, ⅜ inch (one centimetre) bore and 3½ inches (nine centimetres) in length, was introduced, and tied *in situ;* this tube had a flange attached to the exposed end by means of two pivots, so as to be freely moveable. A medium-sized catheter could easily be introduced through this tube well into the pleural cavity, leaving some space between catheter and wall of silver tube; an enema syringe being attached to the catheter, fluid could readily be injected and escape alongside of the catheter through the silver canula. Four or five days after the insertion of this tube considerable difficulty was experienced in introducing the catheter, the tube was too short, the inner or pleural opening of the wound contracting over the edge of the canula. On the eighth of August a new tube, one inch longer than the previous one, was introduced, and has ever since done well. When last heard from, eight months after operation (last March), patient, who is out of town, was