

in the post-axillary line on the right side, and the eighth on the left. In the mid-axillary line the skin is more sensitive, and causes more pain during the subsequent dressings. In sacculated empyema open at the lowest point that pus is found. Always use the exploring needle when operating, no matter what has been found previously. The incision through the skin should be from one to two inches in length and directly over the interspace, so that there will be no tension on the drainage tube. The wound should be held open, and any masses presenting removed. As soon as the incision is completed the pus should be allowed to escape slowly, then insert as large a drainage tube as the ribs will accommodate. The tube should be of fenestrated rubber. Introduce the tube doubled, and pass into the deepest pocket and secure it externally by a safety pin. By doubling the tube it is possible to thoroughly clean it of all fibrinous plugs, without having to remove it, by simply holding one end firmly while withdrawing the other. Do not change the tube on account of discoloration, as the new rubber is apt to increase the discharge, or unless compelled to do so by too great pressure on the ribs. Dust with iodoform and place some gauze under the pin after cutting the ends of the tubes as short as possible, add some more of the same material over the mouths of the tubes, and finish the dressing with absorbent cotton and a bandage. Change the dressing frequently for the first week or so as often as three times a day. After a week or ten days the dressing will not require attention more than once a day. The tubes must be cleaned every day and all plugs removed, at the same time gradually shorten them until at the end of a month they may be removed and gauze drainage substituted in the great majority of cases. It is best to err on the side of leaving them too long than removing too early and so have to repeat the operation. Irrigation of the cavity should never be used unless the pus is fetid, and then only once or twice at the most. This procedure is accompanied with considerable risk and must be used carefully as it has been known to cause syncope, convulsions, and beside it breaks down the adhesions being formed and is sometimes attended with much hæmorrhage. By the constant use of irrigation the contents of the cavity soon become fetid in a very short time, a condition not occurring in simple cases where no water is used. To bring about lung expansion some form of lung gymnastics must be used. The Wolff method of forcing colored water from one bottle into another by means of tubes is an excellent device. Playing of wind instruments, or even the childish sport of blowing bubbles, is very useful. If the pus has remained in the cavity too long, and lung expansion does not take place, Estlander's operation of removing parts of two or three ribs must be resorted to in order to let the chest recede.