the difficulty in these chronic cases is frequently largely due to the presence of much scar tissue. This apparently is particularly abundant in streptococcal infections. By its contraction the fibrotic tissue interferes with the local blood and lymph supply, with the result that the contained antibodies, however abundant they may be, cannot come into contact with the infecting bacteria. The local treatment of these chronic sinuses consisted, as a rule, in the use of gauze drains soaked in hypertonic citrated salt solution, as recommended by Sir Almroth Wright.

The value of vaccines in cases of chronic suppuration is too well known to need much comment, and the results of treatment in these cases may be briefly summarized thus:

Taking an average, the time that suppuration had been going on in these 13 cases was fourteen weeks each, and they were discharged cured in an average time of five and a half weeks each from the commencement of vaccine treatment.

In one case there had been recurrent abscesses for fourteen months, and the breast was a mass of fibrotic tissue—a pure culture of streptococcus was present in this case, and cure was only complete after six months' treatment.

In another case sinuses had been present for eight months, and the patient was discharged cured in five and a half weeks.

In two other cases of six months' duration cure was complete, in one case in two and a half weeks and in the other in five weeks.

These numbers are exclusive of one case, in which treatment was discontinued. No improvement whatever was effected by several months' use of autogenous vaccines. This was a case of streptococcal infection, and the breast was riddled with sinuses. Drastic surgical measures were finally resorted to and a cure is now (November, 1910) almost complete.

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ERYTHEMA NODOSUM FOLLOWING MEASLES.

BY

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DURING the epidemic of measles which has been prevalent in Lewes since last November, I found 2 cases of erythema nodosum which occurred during the convalescent period. At the same time Dr. G. Birch found 7 cases, also following measles, as to which he kindly gave me information. Unfortunately no notes were made at the time of six of these, so no detailed account of them can be given. In most of the cases about ten to fourteen days had elapsed since the first onset of measles before the erythema nodosum made its appearance. In half the cases the first symptom was pain in the joints, followed by the erythema in about twenty-four hours. There was no history of rheumatism or contact with rheumatic fever in any of the cases, and no rheumatic or cardiac lesions were found in any of the patients. The question of sore throat before or at the time of the measles rash was carefully gone into, but it was present in one case only.

CASE I.

G. H., aged 8 years. No previous illnesses. On December 2nd a typical measles rash appeared, which was well marked in twenty-four hours; temperature 105°; a sharp barking cough, and bleeding of the gums; no sore throat; temperature normal in three days. On December 9th the patient got up, feeling very well. On the 13th he complained of pains in the shoulders and knees, followed in twenty-four hours by well-marked erythema nodosum on the shins, which disappeared quickly with salicylates and rest in bed. He was quite well two months later.

CASE II.

D. H., aged 6 years. A delicate girl, no rheumatic history. On February 1st a measles rash appeared. The temperature at

night was 105°, and was normal in twenty-four hours. The throat was very much injected and painful, accompanied by an irritating cough. There was no bleeding of the gums, and the rash was never well marked. Patient was making a good recovery until the 16th, when pains in the joints were complained of, followed in thirty-six hours by erythema nodosum on both shins, which was very painful. The rash and joint pain yielded readily to salicylates.

CASE III.

J. W., aged 8 years, a weakly boy, often having attacks of tonsillitis or bronchitis. On December 12th the measles rash appeared; temperature 103°; no sore throat but an irritable cough; the rash was never profuse. He was up again in five days, and did well till the 24th, when he complained of pains in the ankles and knees, followed in eighteen hours by the erythema on the shins, outer side of the thighs, and the back of both arms. Salicylates quickly cured the condition.

As far as I know no other cases of erythema nodosum have occurred in the sphere from which these cases have been collected. Seven of the cases occurred among the poorer class attending the hospital, and two were private patients in fairly good circumstances. These 9 cases have been collected from 300 cases of measles, but many other cases of measles have occurred in the town of which no account has been obtained.

A CASE ILLUSTRATING THE VALUE OF SURGICAL TREATMENT OF PULMONARY CAVITIES.

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ON May 4th, 1889, I reported in the *JOURNAL*, p. 994, a case of pulmonary cavity treated surgically with success, and, although cases of empyema have occurred by the score in my practice in the interval, I have found but one other case beside this now reported in which opening a pulmonary cavity and treating it surgically seemed indicated.

That it is useful and fairly safe in non-tuberculous cases where the cavities are but few in number seems established, and the following case is an illustration of its application:

P. T., aged 16 years, was brought to the Devon and Exeter Hospital from a cottage hospital in North Devon, where he had been for six months. Beyond that he had been very ill and feverish, no definite history could be obtained. He arrived here on August 6th, 1910, complaining of cough and pain in the right side of chest. He appeared ill—eyes bright, cheeks flushed, temperature 104.2°, pulse 136, respirations 36. He stated that he was getting better until the week prior to his admission, when the cough came on with fever.

The report on the condition of his chest was that there was dullness over the lower two-thirds of the right side of his chest, and posteriorly, with moist gurgling sounds. Whilst being examined the lad complained of wanting to expectorate, and immediately coughed up a large amount of pus.

This expectoration continued daily for several weeks, and was noted as being extremely offensive. At this time he filled the ordinary spittoon twice or three times a day, and he must have got rid of 6 or 8 ounces of muco-purulent material every twenty-four hours. His breath was very objectionable also. His temperature ranged from 101° to 97°, rising to 103° on August 22nd, but falling to normal the same evening. The dullness behind now seemed lower down, whilst rhonchi could be heard over the right apex. Moist sounds could be heard at the right base. He was losing flesh. It was thought that probably the condition was a chronic form of catarrhal pneumonia, and that possibly a local empyema had occurred, and he was transferred to the surgical wards.

On first seeing the case it occurred to me that the symptoms would be accounted for if he were expectorating an empyema through the lung. After waiting a reasonable time I concluded that an operation, consisting of the removal of several of the ribs and opening and draining the pleuron, would give him most relief. I operated on September 18th, and on coming down on the pleuron it was obvious no empyema existed. Introducing the finger I found a few adhesions, but on palpating the lung no hardness betrayed the whereabouts of a bronchiectasis. About an inch of the fourth, fifth, and sixth ribs was excised.

I hoped that one result of this operation might be adhesions between the lung and the parietes, for one great difficulty in treating these cases surgically is the withdrawing of the lung from the wound, from air entering in the pleural cavity. The wound was therefore stitched up, and shortly healed. The effect of this operation was not very marked, although it cleared up the diagnosis. Yet the offensive expectoration occurred regularly, and the lad became blue and strangled