2. In the diagnosis of these effusions, by means of exploratory aspiration, the kin should be punctured by a tenotome at the point where the needle is to be driven in.

3. Serous effusions are best evacuated by aspiration. If they reaccumulate after the third evacuation, they should be subject to continuous siphon drainage, the puncture being made by a small trocar and canula, the latter being of such size that a small drainage-tube may be slipped through it.

4. Recent empyemata are best treated by continuous siphon drainage, the tube being introduced through a canula of at least the diameter of the little finger.

5. When, because of a narrow intercostal space, or because of constant blocking with fibrinous material, siphon drainage thus provided is inadequate, an inch of one of the ribs (usually seventh or eighth) should be resected, and a drainage-tube the diameter of the thumb should be used.

6. When the conditions are such that it is obviously impossible for the lung to expand under the influence of siphon drainage and respiratory exercises, Delorme's operation of stripping the pseudomembrane from the compressed lung should be attempted.

7. When Delorme's operation is impracticable, a resection of the ribs (Estlander) or the chest wall and thickened pleura (Schede), corresponding in extent to the size of the underlying cavity, is indicated.—*Medical Age.*

INJURIES ABOUT THE SHOULDER AT BIRTH.

Some of the conclusions given after a study of obstetrical injuries about the shoulder are:

True congenital dislocation of the shoulder, that is, defective development of the scapula and head of the humerus is of extremely rare occurence.

True traumatic dislocation of the shoulder at birth or in early infancy is of extremely rare occurrence.

Obstetrical paralysis is of Erb's type, due, probably, almost invariably, to a stretching and in some cases a rupture of the two upper roots of the brachical plexus.

Obstetrical paralysis is usually recovered from entirely in the course of a few weeks or a few months. If recovery does not occur within this period the prognosis is very much more serious.

After an infant's arm has been held in the position of inward rotation for some months, the posterior part of the capsule becomes so stretched as to permit the head of the humerus to slip out of the glenoid cavity posteriorly, while the anterior portion of the capsule and the pectoralis major