acute pleurisy is necessary here; these do not differ from their description as set forth in our modern text-books.

Treatment.—In considering the treatment of acute pleurisy we must recall the classification of its etiology, viz.:

First: Those cases that are dependent on some other disease for their cause, whether influenced by microbes or not, and hence are secondary pleurisies.

Second: Those cases that are of spontaneous origin, considered idiopathic, and hence are called primary pleurisies.

Physicians may likewise be divided into classes: those who consider pleurisy to be always a microbic disease, and those who do not.

In a recent discussion on this subject the eminent French author, Hardy, said that acute pleurisy of sero-fibrinous nature was no better treated to-day than it was fifty years ago, and, except in purulent forms, no better results were obtained now than then, the death-rate at present being 10 per cent., the same as in the days of our forefathers. This statement may be astonishing to some of us who have been taught to look upon acute pleurisy as a not very fatal disease; however, some statistics would seem to bear out this opinion. Perhaps it would, therefore, be well to consider the modern methods of treatment and then compare them with those practised in the earlier part of the century.

To undertake the consideration of all the medications for pleurisy that have been launched upon us during the past few years would take more time and space than would be profitable for me to employ; suffice it to say that a majority of them have passed into disuse.

The modern medical treatment of acute pleurisy is by the following class of agents: First, by antiseptics, to combat microörganisms; second, by antipyretics, to combat fever; third, by evacuants, to eliminate the fluid.

Dr. Charles Talamon has recently called attention to the action of sodium salicylate in pleuritic effusions, claiming for it the power of promoting rapid absorption of the fluid. He thinks it has a direct action on the inflamed pleura, because by the experiments of Rosenbach it is proved that the salicylates may be found in the serous cavities of the body after their ingestion by the mouth in doses of from ten to twenty grains. Whether the beneficial action on the fluid is due to the antiseptic nature of the agent, he does not state, and whether it is due to this or its diuretic action is still an open question. That sodium salicylate may be of use when the pleurisy is secondary to rheumatism there can be no doubt, but in the primary form to depend on its success as a germicide would be hazardous. However, the salicylates may be employed as antipyretics as advantageously as other remedies; they certainly combine the indications for an antiseptic, antipyretic, and diuretic.

The practice of injecting a solution of salicylic acid or other antiseptic into the pleural cavity to combat microbe in the effusion has been suggested by some, but the treatment seems harsh and uncalled for, unless employed in connection with surgical methods for the treatment of empyemas.

Antipyretics in acute pleurisy are only indicated when the fever rises to 101° or over, and as the fever seldom attains that height for any length of time their use is greatly modified.

Quinine may be advantageously employed in pleurisy depending on malarial poisoning, and during convalescence, as a tonic. Antipyrin, or the other coal-tar derivatives, may be useful in cases accompanied by hyperpyrexia, but none of these measures are calculated to reach the cause of the disease, or to modify its pathology.

The evacuants are administered in acute pleurisy with a view to reduce the amount of effusion after its accumulation.

Under this head, the diuretics play the most important part. Digitalis may support a weak heart, but its action in reducing a pleuritic effusion is small. Milk is often used as a diuretic, but its influence over fluid in this disease is doubtful; while as a food it ought not to be neglected.

The action of purgatives, drastic or saline, and of sudorifics, with a view to reduce the quantity of liquid in the chest, is of no value; moreover, they are often dangerous.

The pleuritic effusion is not really a question of hydropsy; the liquid of general ascites furnishes a chemical analysis quite different from the effusion of pleurisy; the latter is not simply a serum from the blood, but blood-plasma.

In a recent paper on "The Treatment of Pleuritic Effusion," M. Sée draws the following conclusions: "Antiseptics, diuretics, sudorifics, and purgatives, drastic or saline, have no kind of action on the effusion. Milk, which is a powerful diuretic, has no value here, except as a food. No one of these microbic diseases derives the least benefit from venesection. All aggravate the onset of the disease. Expectation is the only rational method of treatment, for sero-fibrinous pleurisy regularly passes through its different phases in two or three weeks, and up to that point all medication is useless." In a recent paper on this subject, M. Lancereaux says: "There is no more use in trying to ward off pleuritic fever than to ward off pneumonia or typhoid fever; however, it is necessary, relying on our pathologic knowledge of the lesions of acute pleurisy, to draw attention to the coagulation in the lymphatic system, and strive to remove it; while we may not succeed, it is the best practice to try."

In discussing the subject, M. Guerin says: "This idea of pleurisy being a simple lymphan-