

This becomes apparent when we consider the all but universal employment of active principles, alkaloids, and concentrated medicines in general. It is hardly claimed that the therapeutical effects of remedies as a whole are improved by the use of their active principles. Indeed, I think there is ground for the fear that in some instances the active principle does not represent all that is valuable and desirable in the therapeutical effect of the drug. However, the tendency to a pleasant medication has become so imperative in its demands as to overcome some possible disadvantages, for it is a well-established therapeutical principle that all things else being equal the pleasant dose is much more likely to accomplish the desired result than the nauseous one, and *just here* we find the explanation for the comparatively recent establishment of so many houses all over the land engaged in the preparation of medicines in palatable forms.

Another possible tendency of recent origin is seen in the employment of triturations. By the minute subdivision and separation of the particles of a medicinal substance, through the agency of an admixture, it is claimed—and perhaps on a rational basis—that the power and effect of the agent are thereby not only increased but a new action is developed. The time honored “Dover’s powder,” is a great example of a trituration. That the trituration gives the combination additional therapeutic effect over the different elements of the mixture is beyond doubt.

The superior action of this form of medication is supposed to be due to the more prompt and thorough subjection of the remedy to the action of the digestive juices.

It is with misgiving that I record in this connection another tendency of the times in regard to medication. I refer to the disposition to be satisfied with impure and otherwise inferior drugs. The extreme desirability of absolutely pure medicine up to the pharmaceutical requirements in potency as well as purity, to him who proposes to cure disease by their use, goes without saying. It is, however, a palpable fact that physicians as a whole are very mild in their suggestions for a purer and more reliable pharmacy. If they were as decided and emphatic in their demands as the importance of the matter requires, the evil of inferior medicines would rapidly disappear. A craze in pure drugs would be salutary in its results, both in relation to the sick and to the character and efficiency of the profession.

Clearly purity and potency of medicines should be, unhappily what it is not, and the doctors are the cause of it, a marked and decided tendency of modern medication.—*Med. and Surg. Rep.*

For the constipation concomitant with gastric cancer, Prof. DaCosta advises rectal injections of 3j of glycerine.

## DR. BULAU'S OPERATION FOR EMPYEMA.

In connection with the achievements of Hamburg physicians, I will briefly describe Dr. Bülow's method of operating for empyema, which has for many years been extensively practised in that city, but which has hitherto, chiefly in consequence of his never publishing anything on the subject, not been so generally appreciated as it deserves. It was warmly recommended to the notice of the profession at the meeting at Wiesbaden by Dr. Eisenlohr, and has since, among others, been applied in the Charité at Berlin by Geh. Rath Leyden, who speaks very favorably of it, as an elegant and convenient operation. The details are as follows: After the necessary disinfection, a small incision is made in the skin at the spot chosen, the most suitable place being in the axilla in an intercostal space as near to the lowest level of the empyema as the individual case allows. As this cut is about the most painful part of the whole proceeding, anæsthesia is unnecessary, a not unimportant danger thus being entirely eliminated. A stout, round trocar is plunged into the pleural cavity, the stilet is withdrawn, and an elastic catheter, just accurately filling the lumen of the cannula is slipped in. Dr. Bülow prefers a Nélaton catheter to an ordinary rubber drainage tube, as it is not so compressible; a point of some weight. The catheter is supplied at its internal extremity with two or three openings to admit of free exit of pus. It is inserted a few inches into the pleural cavity and the sheath of the trocar is then removed, the catheter being held closed either by hand or by a clamp, to prevent the possible entrance of air while manipulating. The edges of the wound maintain by their elasticity, firm contact with the catheter, which is then fixed to the wall of the thorax where it emerges from the pleural cavity by thin layers of cotton, wool and collodion a little powdered iodoform having first been sprinkled on the wound. In this manner a perfect air-tight closure is effected. In addition a silk thread should be tied round the catheter where it emerges from the chest and the two ends fastened by means of adhesive plaster or strips of gauze pasted on the skin of the thorax. A little pad of cotton wool may in addition be wrapped round the whole and fastened with a roller to guard the catheter from being strained in case the patient be restless. This last precaution may, however, be injurious if applied before the collodion dressing is perfectly dry, as the air-tight occlusion, which is the salient point of this method, is liable to be impeded thereby. The outer end of the catheter (the thick edge having, of course, been cut off to admit of free passage through the sheath of the trocar), is now