

tissues are. In Osler's *Practice of Medicine* it is stated that "the subsequent history of cases of acute pleurisy forces us to conclude that in at least two-thirds of the cases of tubercular pleurisy it is a curable affection." I think when the etiology of pleurisy is better understood we will be able to look forward very hopefully for a still larger increase in the number of absolute recoveries from the effects of this disease.

*Treatment.*—If the following statements be true, and at present the evidence seems conclusive, (1) that the vast majority of all cases of pleurisy are due to tubercular infection, and (2) that tubercular infection when confined to serous membranes is by far the most curable of all infections from this source, the general principles of treatment are well defined. The patient should be placed in the best possible environment in regard to dryness of soil, elevation, and abundance of pure air and sunshine. No cheaper or better accommodation can be found than a suitable tent, pitched on the southern slope of a moderately high hill. The pain can be relieved by external applications. Some prefer to use ice bags, but most patients find heat—dry or moist—more agreeable. Cough, beyond what may be required to remove serum from the bronchial tubes, should be relieved, as it not only increases the pain, but also irritates the inflamed surfaces. The functional activity of the skin, bowels, and kidneys should be increased. The temperature can be regulated by cold drinks, tepid or cool sponge baths, and by use of antipyretics. Special attention must be paid to the position of the cardiac impulse. Any impairment of the heart's action calls for extreme caution in the use of such depressants as the coal-tar preparations. The judicious use of stimulants and heart tonics is of great importance. The patient should be strictly confined to the recumbent position during the febrile stage, and especially if the heart's action be impaired. The question of diet calls for the most careful supervision. In the febrile stage milk and nutritious broths, and later, as much of the most nutritious food as can be digested. Every possible effort should be made to keep the patient well nourished and his strength maintained. Hunger, fatigue, sleeplessness, in brief, all depressing influences should be most scrupulously guarded against when the patient is able to be out. If there is any pain or soreness about the chest dry cupping or small "flying" blisters may be used. During convalescence deep breathing should be practiced very assiduously. The inflation of rubber bags is a valuable exercise. Change to a more suitable climate should be insisted upon if the progress towards recovery be retarded. A high, dry elevation is desirable, where frequent and deep respiration is a necessity on account of the rarified air.

The question of when to interfere in the removal of the effusion is often a very perplexing one. In many cases, when the fluid is