

that expectorated, together with some air. Immediately afterwards a small quantity of bright-red blood was coughed up. These facts, taken together, were indicative that there was a loculated pleurisy, and that the second puncture had entered the lung itself, and removed from eroded lung-tissue some fetid pus, as was proved a week or two later by the autopsy. I may add that this is the only instance I can recall of an apparent ill result from such puncture, and here no real harm was done.

In very many cases both diagnosis and treatment must be determined by the nature of the fluid accumulation. Let me especially instance the very obscure and difficult class of cases in which, with but little evidence of acute illness, we find dulness with loss of respiratory sounds, and slight or no friction at the lower part of the right lung. We may and ought to be largely guided in our diagnosis by the history of the case and by the physical signs, yet how often is the conclusion erroneous if we rely upon these alone. Who has not seen cases of hydatid or abscess of the liver diagnosed as simple pleurisy? And how often are these cases complicated, either as the result of a secondary or coincident pleural inflammation, or as a sequel of perforation. Whatever be our views as to the desirability of evacuation by puncture or otherwise, there can be hardly two opinions as to the wisdom of ascertaining the actual state of affairs, that our general treatment and prognosis may be guided by it.

It would be easy to multiply cases in which the use of the hypodermic needle has given valuable information as to the presence or nature of pleural effusions. Further, it may be employed both as an aid to treatment or for actual treatment of such cases. In many cases in which it is decided to aspirate, or to introduce a trocar, it is very desirable to determine precisely the lowest point at which fluid readily flows, and, in the case of loculated effusions, to fix exactly the site of puncture. By no means can this be done so readily and so exactly as with the hypodermic needle. I am in the habit in all such cases of using this first, and often make three or four punctures to decide upon the most favourable spot. This having been done,