

"I would insist strongly on the advantages, indirect as well as direct, of subcutaneous over gastric administration of opiates; in a direct way, the former is superior, as acting much more rapidly; in an indirect way, because it so much less disturbs the functions of the alimentary canal.

"Of the treatment by mercury, I can express only the most unqualified disapproval. I have watched many cases of pleurisy in which, according to the rule formerly acknowledged, mercury was given, either to complete or partial salivation, as soon as the signs of effusion became unequivocal, and I can truly say that these cases, even when they were not further complicated by the depressing influence of bloodletting, contrasted very unfavorably with the results of a treatment which entirely adjoins mercury for any purpose except that of an occasional purgative. I am glad to cite, on this point, the late Dr. Hillier, who says (in his Monograph on Children's Diseases) that from experience he had been led to abandon mercurial treatment for pleurisy; and I believe that, whatever some of the class-books may still say, mercury is practically given up by the best physicians in this country, not only in children's pleurisy, but in that of adults. It seems the general opinion among those with whom I have conversed, that the absorptive action with which mercury used to be universally credited is more than doubtful in the case of pleuritic effusions, whether fibrinous or serous. And certainly if it fails to do good, mercury may do very sensible harm. I have seen cases in which it apparently produced the most decided anæmia—at least there was scarcely any other possible cause for the latter condition—which set in rapidly after the first occurrence of pytalism.

"The treatment by so-called 'counter-irritants,' as pursued by many physicians, is no less repugnant to me than is that by mercury or bleeding. Let me make two admissions. In the first place, the mere application of a mild mustard plaster, or, still better, of a hot poultice, or epithem, undoubtedly may give some ease; perhaps even arrest incipient inflammation; and the use of small flying blisters, in the limited attacks of pleurisy which are so common in phthisis, undoubtedly appears to give relief in many cases. But the use of large blisters, especially if kept open, appears to me both useless and often prejudicial. I shall not repeat here what I have said at length elsewhere; suffice it to say that I adhere to my opinion, already stated, which is the same as that previously announced by many of the greatest masters of practical medicine in the present century.

"The practise of painting the chest-wall with iodine, though not open to the same positive objections as apply to blistering, has never, in my experience, yielded any very positive results. It is I believe very inferior in utility to the application of the simple adhesive, or Burgundy pitch, plaster, to afford mechanical support; this really does sometimes appear to favor absorption of the fluid, and it usually gives much comfort.

"The employment of diuretics to promote absorption is another point on which I find myself at issue with the opinions of many. The only drug which

has appeared to me, in some cases, directly to promote absorption by means of increased diuresis, is iodide of potassium, in quantities amounting from 6 to 18 grains daily, according to the age of the patient. I think it is worth trial for two or three days (along with the external use of iodine) when effusion comes to a standstill.

"The medicine, however, which stands quite alone in its power to promote the process of absorption is iron—best given in the form of *muriated tincture*; and in all cases where there is marked anæmia it should be exclusively employed from the moment when the necessity for administering opium ceases."

After adverting to some matters of minor importance, Dr. Anstie alludes to the change of opinion which the writings of Trousseau, Bowditch, and others have produced during the past few years. With regard to paracentesis thoracis Dr. Anstie says:—

"It can hardly be doubted that the whole feeling about the dangerousness of paracentesis rested upon the use of clumsy and imperfect means of operation, and on exaggerated ideas of the evil effects of admitting a small quantity of air into the pleural sac. With regard to the first point, we are entitled to say that it is quite possible so to operate as to insure that no damage will be done to viscera, and that no more than a trifling quantity of air will be admitted to the pleura. And upon the second point we may certainly now assure ourselves that there is no reason to fear serious mischief from the admission of a limited quantity of air if the opening made in the operation be afterwards properly closed. It is even unnecessary, as Dr. Bowditch's large experience has shown, to make the opening valvular. But the most important advance that has been made is the invention of apparatus which allows of the operation being made either simply exploratory, or carried on at once to evacuation of the fluid. With the instrument either of Bowditch or Dieulafoy we introduce a very small trocar and canula guarded with a tap, and by attaching a suction-syringe and opening the tap, we withdraw a small amount of fluid, the exact nature of which we can identify: if we elect to continue the evacuation, we can do so with the aid of the syringe; if, on the other hand, no fluid can be obtained, the guard tap has prevented the entrance of air, and we can withdraw the canula and close the wound without having done the least mischief. By the use of the small canula we are able to operate without risk, because, in the case of an entirely mistaken diagnosis, we should have done no damage, even though we had perforated a consolidated lung, a solid tumor, or an intercostal artery. The suction power of the vacuum-syringe will enable even thick fluid, such as somewhat concentrated pus, to be withdrawn through the smaller-sized canula; but the puncture is such a trifle that in case of our desiring a larger tube, the smaller one can be withdrawn, the finger being pressed on the spot as it emerges, and the more capacious canula introduced at the same place.

"The site of puncture should be selected in ordinary cases according to Bowditch's rules: Find