occasionally the heart, by giving impulse to the fluid through its mediastinal wall, may cause effusion to be mistaken for aneurism. I have never noticed any such effect.

When to Operate.—Experience has taught me always to operate without delay when the pleural cavity has become distended with fluid, and the dyspnœa is great; for I have found that when performed early, it prevents long tedious illness, future contraction of the chest and the probable developement of tubercle, or perhaps a troublesome fistulous opening in the side. I also remove the effusion in all chronic cases where it will not disappear under a reasonable amount of treatment, for I have noticed that persons sometimes die suddenly of dyspnœa, with one side of the chest but partly filled with fluid. I never wait for pointing, nor necessarily insert the trocar at one when existing, choosing rather the most depending part of the chest; and dislike or refuse to tap in all cases where the intercostals are depressed, never feeling certain of seeing anything flow away.

Where to Operate.—The most appropriate spot for puncture is between the ninth and tenth ribs, in a line let fall from the lower angle of the scapula. I have, however, tapped under the axilla and even in the breast when the case seemed to require it. But in selecting the precise intercostal space of the back, I usually choose one about an inch and a half higher than the line on a level with the lowest point at which respiratory murmur can be heard in the healthy lung of the opposite pleural cavity.

The Operation.—The instrument I employ is a small trocar a little larger than the ordinary exploring trocars of our pocket cases of instruments. When possible the patient should be seated sideways on a chair, or astride with his face towards the back of it.

Having pressed the forefinger of the left hand deeply into the intercostal space, I plunge the instrument through at the depressed part, keeping as near as possible to the upper edge of the lower of the two ribs, to avoid injuring the larger branches of the intercostal arteries which run along their inferior borders. It is in my opinion, however, extremely difficult to touch these vessels with such a small instrument, as they are more likely to be displaced than cut by it; indeed among all the operations performed in Boston and its vicinity, for eighteen months, I have not known of bleeding having occurred but in one case, when it proved but slight, and followed on the withdrawal of the canula. I never incise the skin before the introduction of the trocar, (for I find when it with its canula will pass readily through buckskin or chamois, as it should do when well made, its insertion will be easy and cause but little pain—Ed.) Having withdrawn the instrument, see that the passage of the fluid is not impeded in any way through the tube, employing a blunt probe to ascertain the cause, and to remove any obstruction; then by means of a piece of very flexible tubing and a double valve syringe, similar to that of a stomach pump, (an ordinary bivalved enema syringe might be employed for want of better—Ed.) draw away the effusion slowly, until by distress, or a sense of dragging, distension, or pain, the lung gives warning that it has undergone as much expansion as it can endure with safety. Having now removed the trocar, the wound will be found to contract and close so completely that no lint or dressing of any kind will afterwards be required.

It is wonderful to observe the effects produ[ced] by this operation, even upon the mind, which, li[ke] the lung, seems relieved from great oppression, a[nd] the patient, before quite weak, gets up and wal[ks] and talks and acts like a new being. The diges[tion] becomes at once improved and the strength [is] rapidly regained. The cough usually, howev[er,] augments during the first few days, the pulse [re]tains its quickness, friction sounds occasional[ly] become developed, and several months may ela[pse] before the vesicular murmur becomes properly [re]established. The amount of relief obtained bears [no] relation to the quantity of fluid removed, for I ha[ve] found as much ensue from half a pint as from [a] quart.

Surgeons generally have the idea that the entra[nce] of air at an operation produces dangerous sym[p]toms. I have never found this to be the case, ev[en] when from mismanagement of the syringe it ha[s] been pumped into the chest; nor am I alone in th[is] experience; other operators, who have witness[ed] like accidents, corroborate the testimony, the on[ly] disagreeable effect being the oppression mome[n]tarily produced. I do not doubt, however, that i[f] *frequently* introduced would prove injurious.

Some surgeons hesitate to operate for fear [of] wounding the lung. My experience on this subje[ct] is, that the puncture of any portion of the lung th[at] can be reached with this small instrument, even [if] it were likely after auscultation, is but of trivi[al] moment compared to the great benefit to be deri[]ved from drawing off the effusion. I have onc[e] punctured the lung, Dr. Wyman confesses a simi[]lar accident, and I have witnessed a third surge[on] not only injure it with the trocar, but work th[e] suction pump whilst the canula was in its substan[ce,] notwithstanding which all these patients got we[ll] as usual, although bloody sputa was occasioned [in] one of them.

I do not pretend that this operation will cu[re] every case in which it is employed, but feel con[fi]dent that in my hands it has been the means [of] saving many lives; and I believe that seve[ral] patients within my knowledge, who have died whi[le] under the care of other physicians, might have re[]covered had it been had recourse to.

It is comparatively harmless and gives but litt[le] pain, and, in my opinion, ought never to be allow[ed] to fall into disuse by the profession.

It was in my earlier years of practice that I fi[rst] noticed and endeavored to prevent sudden dea[th] from pleuritic effusion, meeting with but indiffere[nt] success, owing to the imperfect state of surgery [at] the time, when my attention was first drawn [to] Dr. Wyman's mode of operating by means of a sma[ll] trocar and suction pump, which I at once adopt[ed] as the means I had so long sought after. Modify[]ing his plan, however, I employed a flexible tube [to] the canula, that it might not be disturbed whilst [I] was drawing off the fluid. I have employed th[e] instrument ever since, and the result is the exper[i]ence here given. I consider the operation so simp[le] that I would as lieve perform it, as to draw a too[th] or vaccinate a child.

Boston, Nov. 1862.

(*Condensed from the American Journal of Medical Scien[ces]*)

One of the most agreeable and effectual age[nts] for removing the odour left on the hands aft[er] making autopsies, is the solution of the perma[n]ganate of potash or soda.—*Pacific Med. & Surg. Journal.*