

in the traumatic pneumothorax, from fractured rib or clavicle, the air produces no injurious effect, but is gradually absorbed as the cicatrised lung becomes inflated and restored to its natural position. But even supposing that the objection thus urged was valid, it certainly could be applied with equal force to the fistulous openings resulting from the corrosive action of the pus when abandoned to itself; when the lung has thus been perforated it is no longer susceptible of expansion, but must remain collapsed until the fluid contents of the pleura are discharged, and the fistulous opening healed; on the other hand, when the pus has worked its way externally through the intercostal spaces the openings are often tortuous or ragged, easily obstructed, and frequently associated with necroses of the ribs. An appeal to facts also shows that the operation is fully sustained by experience: of sixteen cases of empyema, reported by Dr. T. Davis, in which paracentesis had been performed, twelve recovered; and of forty-four cases collected and reported by Dr. H. Roe, in the "Medico-Chirurgical Transactions," vol. xxvii., the operation proved successful in thirty-two instances, showing that more than two-thirds, or nearly three-fourths of the whole number recovered. Besides those just alluded to, numerous other successful cases have recently been reported in the various journals both of Europe and this country; and amongst the advocates for the operation may be enumerated many of those best qualified to form a correct opinion in thoracic diseases, such as Forbes, Stokes, Williams, Watson, and numerous others equally entitled to respect upon this subject.

When, however, the empyema is attended with a fistulous opening of the lung, sufficient to allow the pus to escape freely by expectoration, paracentesis is certainly not called for; but when the opening is small, or so obstructed as to prevent the free passage of the fluid, and thus give rise to increased oppression, a counter-opening in the side is clearly indicated; by this procedure not only will the pus be more rapidly and safely evacuated, but the perforation of the lung may heal, and thus allow the collapsed organ to regain its natural dimensions. When tubercles exist, with or without perforation of the lung, the expediency of the operations is, to say the least, extremely doubtful; and the most that can be hoped for from it, under these circumstances, is a temporary prolongation of life. Much of the disrepute which is by some attached to paracentesis thoracis can, in a great measure, be traced to the fact that cases similar to those just referred to, have too often been subjected to this operation.

[The author next speaks of paracentesis in acute hydrothorax.]

It is well known that, as a general rule, pleuritic effusions can be removed by appropriate treatment, such as bleeding, calomel, squill, and