There is an old theory that, in tuberculous cases, pleural effusion inhibits, and may even arrest, the spread of tuberculosis in the compressed lung, and that its removal is likely to be followed by a rapid spread of the affected lung when it re-expands. But such is only an exceptional occurrence, and is probably a coincidence rather than a result of the removal of the fluid.

Absorption of air from the pleural cavity appears to be governed by similar conditions to those related to fluid. No air appears to have entered the pleural cavity after the first day or two in this case, yet little, if any, absorption of the air seems to have taken place. As soon as the aspiration had been done both it and the remaining fluid were rapidly absorbed. In some cases of persistently recurrent serous effusion filtered air was introduced into the pleural cavity in the hope that it might lessen or stop the exudate, and with some success in a few cases. As to the air, it was always absorbed within a few days.

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A CONTRIBUTION TO THE STUDY OF GENITAL AND PROGENITAL PAPILLOMATA AND EXCRESCENCES.

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THE above title which stands in lieu of the timeworn and obsolete designation "Venereal Warts," has received but little attention heretofore in medical literature. Some authors merely suggest their existence in a cursory manner, and those who consider them somewhat in detail fail to view them from a scientific standpoint, intimating solely the clinical aspect of these lesions and paying little heed to their morbid anatomy and etiology. The writer has reason to believe that they are of much interest, not alone to the genito-urinary surgeon, but also to the general practitioner. They are not infrequently the first messengers of some affection in distant organs, or tissues of the body, permitting by their presence a number of valuable inferences to be drawn, serving as important diagnostic indices for certain abnormal states of the organism and aiding greatly rational therapeutic efforts in overcoming concomitant conditions, of which they are only expressions or symptoms.

Our first attention will be directed to the study of the genital and progenital papillomata; subsequently other excrescences will be discussed in the order of their frequency. The former may be divided, for convenience of study, into the following classification: (a) papilloma simplex;