attended by dropsy in the legs and elsewhere. On the other hand, my own experience of operation in large serous effusion is very favourable; and, if I confine myself to simple cases and early operation, my results have been excellent, and have converted a serious malady into a moderate indisposition. Over and over again, by this procedure is fluid removed in bulk from the chest by one operation needing no repetition, and rapid recovery is obtained.

In opposition to some writers, I find that the chances against reaccumulation are in cases of early operation very moderate and even small; and, unless pus be formed, a third operation is in my experience quite rare. Add to this, that an illness of three months is reduced to an illness of three weeks, and the merits of early operation are even more convincing. The longer, however, operation is deferred, the less confidently can the best results be hoped for, the more danger of formation of clots and of empyema, and the more the danger of injury to lung and constitution.

The aspirator, which is valuable in highly fibrinous effusion, is even undesirable in serous effusion. It is better to allow the lung to expand at its own pace, and not to draw off more fluid than the lung can at that time replace. Even a partial relief of this kind generally leads to absorption of the remnant, and does not lead to severe cough and albuminous expectoration. Nor do I like instruments with angles in them, which are liable to become clogged. A fine trocar and cannula, the latter attached to a long flexible tube, through the wall of which the trocar should be passed on the distal side of the shoulder, is the best instrument. The tube closes upon the trocar as it is withdrawn, and no air can pass beside or after it, if carefully managed and the trocar be two-edged. A bayonet-pointed trocar wounds the tube too much. The instrument should be well carbolized before insertion, the tube filled with carbolized water, and the end immersed in a basin of carbolized water. By raising or lowering the basin, the syphon action may be increased or diminished at will. It is as well to keep a spray in motion about the puncture until all be over and the orifice closed with antiseptic dressing.

Now, of this simple operation our Yorkshire experience is so large that I may permit myself to marvel at the fear or hesitation which it excites, even in the medical breast, and, moreover, to doubt the reality of those untoward consequences which are said at times to follow it. That, if the operation be long deferred, its success is less sure, needs no reiteration; that a person in whom syncope is imminent may not always avert that syncope by operation, especially if the fluid be aspirated rapidly, is possible; that a tendency to clot, or the establishment of clot, in the central blood-vessels, is always to be feared in long standing cases; that a patient honeycombed by disease may die coincidently with or even consequently upon the smallest operation is certain, but who is to be deterred by these events from taking the course of operation in a promising case?

In a paper like the present, we cannot discuss rare exceptions; we can only lay down general rules.

I will now pass on to Class IV—empyema. With empyema, operation of some kind is inevitable, and as, encysted empyemata apart, a pus containing pleura means a full pleura, and as again we have decided that all full pleuræ are to be tapped promptly, there can be no difficulty in the matter of diagnosis. The presence of œdema in the wall of the thorax, however, will generally tell when the contents are purulent. That an encysted empyema may dry up is possible; but, if it do, it leaves caseous matter behind which may become a source of general poisoning—tuberculous or other—or it may remain latent for years and finally cause death, as in the case of a patient who died lately under my observation. In his case, the necropsy showed that an encysted empyema of ten years' standing was the cause of death by perforation of lung, etc., although apparent complete recovery had taken place at the time of the original illness. If I have one conviction in medicine more urgent than another, it is this: if pus or other septic material be present in the body, we must not rest until it is removed. I, therefore, dislike and reprobate all temporizing with an empyema. Out with it, and provide against the chance of reaccumulation. We are advised by some persons to