

rapidly, and some have even believed that their removal of itself constituted an irritation sufficient to lead to their rapid renewal. It has been thought, too, that the removal of a transudate deprived the organism of an important amount of albumen. Neither of these objections holds. The albumen in such cases is in a form in which it cannot be of use for organic metabolism, and it is in such small quantities that its loss, as the author showed years ago, cannot be of the slightest importance. As to the renewal of the fluid, that is due to the course of the disease, not to the puncture for its removal. When the affection grows better the repeated punctures cease, and they have had an important influence for good.

In such cases the author punctures and withdraws the fluid that has collected as often as enough has accumulated to make puncture fruitful—that is, under some circumstances every third or fourth day—and with excellent results. He is convinced that he has by this means, and the proper treatment of the edema, brought about the cure of nephritis in a number of cases.

The drainage of the edema the author effects by means of long needles such as are used for tapping the pleura. They are inserted into the subcutaneous tissue, as far as possible parallel to the skin, and the part that projects is covered with a layer of salicylic cotton and iodoform collodion. To the end of the cannula a rubber tube is attached that hangs down alongside the bed, in a vessel placed to receive the fluid that trickles through the tube. By means of a safety-pin the rubber tube is fixed on the mattress and not allowed to pull upon the needle persistently. Into each leg one or more needles are inserted, and it is thus possible to withdraw three to five liters of a clear, amber-colored fluid in a day. As the subcutaneous areolar tissue is everywhere freely in communication with other parts, the fluid is withdrawn not alone from the legs but from the abdominal walls and the scrotum as well. As because of the edema the limbs are heavy and difficult to move, it is not difficult to keep the patients quiet in that position best calculated to favor the out-flow of the fluid.

Of course, these manipulations must be carried out under the strictest antiseptic precautions. Erysipelas, gangrene, or any other serious accident, the author has never seen except in one case. Erythematous conditions sometimes set in, but disappear promptly under an alcohol bandage. This procedure has these advantages over scarification: it is much more cleanly, does not cause the skin to be soaked with edema fluid for long periods, and much larger quantities of