perilous state of those whose chests contain large effusions. Where the water floods the chest in a few days or hours, the alarm may be taken, it can scarcely be neglected; but those whose effusions have gathered more stealthily are in as great a danger if time pass and no precautions be taken. One terrible warning in my early life taught me this lesson, while it turned my heart to the search for help to these sufferers. When yet upon the threshold of my medical studies, I was standing on the terrace in front of Addenbrooke's Hospital waiting for a young girl who had descended from a market-cart and was walking, slowly it may be but firmly, towards the house. She had crossed the green, when suddenly a cry escaped her and she fell dead at my feet. The porter and myself raised her, and gave restoratives in vain. She was gone, and the cause of her premature and sudden end was the effusion of fluid into the left pleural cavity. Now, shocking as this was to one who saw it, it is by no means an uncommon accident. At least thrice in my experience at the Leeds Infirmary have patients thus fallen dead from the same cause, and some nstances of the like have come before me in my private practice. Let him, then, who hesitates to tap the pleura remember that, before his next visit, his patient, seemingly so tranquil, may have passed into the deeper stillness of death. Whether the effusion, then, be rapid or be slow in its flood, if the cavity be full, operate without delay. This is, I believe, one of those golden rules to which there is no exception. If the effusion be below the capacity of the pleura, immediate action is less imperative. Speaking of myself alone, I have never seen death by syncope except from a full pleura, though I presume such a death is possible. It depends, no doubt, on a dislocation of the heart and great veins, such as to form clot, or directly to impede the filling of the auricle or auricles; and I believe such pressure is rarely exerted to any degree until the compression of the lung has reached its limit. Still, I shrink, even before a patient at his ease, from allowing the breadth of three fingers to stand between him and death. A sudden swelling of the tide might occur even in the night, and help be absent. Moreover, the continued pressure of such exudation by soddening injures the lung, or by extending adhesions favours the permanent imprisonment of this organ, or by its own deterioration drifts towards an empyema. Nevertheless, with a patient of good promise, with fairly full arteries and respirations under 30, and whose exudation reaches no higher than the scapular ridge behind and the third rib in front, I counsel delay, warning the patient against rising up suddenly, and instructing his attendant to call the doctor in case of more numerous breathing or a change of complexion. If the patient be able to take solids, I advise a dry diet, gentle saline purgatives such as Hunyadi water, and syrup of iodide of iron with digitalis. Mercury I withhold, save as an occasional alterative. I do not strap the chest, as I prefer to be able to apply repeated blisters, stopping short of vesication. These quiet effusions are, however, hard to move, and so often increase that one is not sorry to have to operate and thus to shorten the duration of the case. In my inmost heart, I believe it will be found better in the end to tap all cases where more than two pints of fluid are present, as the results of medicine alone in quiet effusions are very tedious and unsatisfactory. An operation upon the chest is, however, as yet too unfamiliar and too dreadful to the public to permit us to turn to it hastily, and in these cases there is the not inconsiderable risk of so setting up an empyema, a risk nearly absent in mere fibrinous effusions on the one hand, and in mere dropsies on the other. It can scarcely be doubted, however, that tapping of the pleura, as it becomes better known and the procedure more perfect, will be applied to those smaller effusions which persist in spite of a short course of nursing and medicine.

In now confining myself to the larger effusions, let me again repeat, formally and unmistakably, that physicians must admit that the medicinal treatment of the larger quiet effusions is, on the whole, a failure, and where it succeeds runs the risk of injury to the lung, of empyema, and even of sudden death. Not only so, but pleuritic effusions in the right cavity, by pressing upon the vena cava and twisting it upon the heart, are not uncommonly