nerves, due to the evolution of pathologic processes. Nature, in consequence of this inflammatory action, evolves a fluid which acts as a sedative to the injured nerves, and, little by little, the pain subsides. The fluid comes from the blood. This fluid is found to be exactly like the plasma of the blood, except in proportion; is it, therefore, not natural to assume that Nature bleeds her patient in the early stage of pleurisy? To be sure it may be the result of a congested condition, and, hence, one of pathology rather than one of treatment; nevertheless it depletes the vascular system, which, if we anticipate Nature by doing ourselves, we thereby arrest the pathologic condition and relieve Nature.

Regarding the application of blisters, there is a diversity of opinion, although it is generally held that they are useful adjuvants to scarification.

Metschnikoff advances the idea that cantharides possesses an anti-bacterial tendency, and produces leukocytes which act as phagocytes, and proceed to destroy or change the character of the microbe. He would, therefore, inject a solution of cantharidin subcutaneously. Tresbot has no doubt that a cantharides blister is of great value in the treatment of the pleurisy of horses. La Borde, while advocating the use of cantharides blisters, calls attention to the fact that this agent is a poison, and capable of producing inflammation of the lung, bladder, or other viscus, and cautions against its use. There has been some belief that cantharides predisposes to the transforming of serous effusions into purulent ones, and especially in tuberculous patients. Potain denies this, or the possibility of its happening, and maintains that a purulent effusion always starts as such. Counter-irritation may also be effected by the tincture of iodine painted on the surface of the affected side. Little in addition can be said of the treatment of purulent pleurisies prior to surgical interference, which is almost always required.

There is no positive way to differentiate them from the serous varieties, except by explorative puncture, but the indiscriminate use of the exploring-needle, ten or a dozen times, as recommended by some, in search for pus, is to be condemned, even if no harm should chance to arise.

It is in childhood and old age that purulent pleurisy is most likely to occur. Why this is so, unless from a weaker state than is present in adults, is not easily determined; but in the treatment of this affection in children, this fact is to be borne in mind.

Thoracentesis.—This operation, though always to be deplored, is often urgent and often useful. A discussion of its history, which may be found at length in *Pepper's System of Medicine*, is unnecessary in this place. Of late there has been much criticism for and against the operation by eminent authorities. That aspiration, as first practiced by Bowditch, and later elaborated by Dieulafoy and others, is a simple, harmless operation, there can be no doubt; results will bear this statement out. All that is essential to the safety of the operation is thoroughly aseptic instruments, especially the aspirating-needle, and also some little skill in manipulation.

Thoracentesis, as practised by the majority of general practitioners, with any kind of trocar, which may have been used by them to open some abscess-cavity, or even with an aspirating aparatus that has not been perfectly cleansed, is a very dangerous operation.

It has been held by some that after the operation has been performed two or three times it produces a transformation of a sero-fibrinous effusion into a purulent one. This may be so; I do not deny that it often happens, but it is the operator and his unclean instruments that are at fault, rather than the effect of a puncture of the pleura; this is the reason we see one operator successful where another meets with failures.

As a rule, aspiration should not be performed in simple sero-fibrinous pleurisy until after the third week of the disease; and then only as the fluid tends to remain stationary and unabsorbed, unless there is urgent need of interference to save life before that time. If the cause of the non-absorption of the fluid is (according to the views of Lancereaux) a stoppage of the lymphatics of the pleura by the formation of fibrinous thrombi in their orifices, and if we must wait until a disintegration of the clot takes place before the fluid will be absorbed, then no amount of aspiration will hasten the process of natural absorption until that time has expired. Moreover, the drawing off of the fluid will, in many cases, only tend to its re-accumulation up to the point it previously reached, because, according to his theory, if the fluid remains stationary to a given level or height within the cavity of the chest, there must be stoppage of all the lymph-spaces below that level; hence, no absorption is possible. If, then, we remove a part or the whole of the fluid, we do not necessarily remove the stoppage, and the re-accumulating fluid will, in time, reach its former height.

On the other hand, if, before practising thoracentesis, we wait until the disease has reached that period when we may expect these clots to be disintegrating and being taken up by the system, we then may be of some service to Nature in hastening absorption. This period is at about the end of the twenty-first day of the disease. However, there are times previous to this period, when life is threatened by the accumulation of fluid in the pleural cavity to such an extent that it compresses vital organs. When this occurs, it becomes necessary to draw off a certain amount of fluid by