

comparatively tideless bays. There they remain the unseen evidence of the wrongs suffered by the black races at the hands of the white man; and when from any cause this toxic mud is disturbed, up springs an endemic outbreak of yellow fever, which claims the white man as its victim, leaving the negro comparatively untouched. The avenging deities indeed have their feet shod with wool?

Yellow fever is then the echo or refrain of the horrors of "the middle passage." The unsought revenge of the enslaved African upon his white-skinned oppressor!

Such then are some of the aspects of disease forced upon us by extending information and deepening insight. They reveal to us far away mysterious, curious links and associations with the past. Disease, pain, suffering, incapacity, mental and bodily, which in our text-books are referred with shallow penetration to immediate palpable causes, we find really depending for their foundation upon something lying deeper down than etiology. We can see that many morbid manifestations involve inheritance extending backwards to far away ancestors. Others we see are but further and later extensions of embryonic development; the elements of one layer preying upon and despoiling those of the others under abnormal and favouring circumstances. The practical outcomes of such study of disease is to recognise how underlying, unrecognised proclivities and potentialities may be awakened and roused into active existence, —often by the life-habits of the individual.

Thus indulgence in alcohol may start up a superabundant growth of connective-tissue, encroaching upon and destroying the true gland elements of a viscus in cirrhosis. We can realize how prolonged abstinence from fat can bring about, in those predisposed by descent thereto, a growth of tubercle—lowly connective tissue often too degraded to live, and carrying with it to its grave the organism in which it has developed. We can comprehend how indulgence of the palate overtaxing the liver can set on foot a retrograde movement which brings the human liver down to the grade of the liver of reptiles. When gout is set up we can discern it moving on certain lines mapped out in the early embryo in its different victims; which we unconsciously recognise when we apply the term "diathesis" thereto. When nervous degeneration is afoot we see the latest nerve groups to be developed are the first to go—the latest outcomes of evolution the first to perish in involution. We can even perceive a certain moral retribution in yellow fever, the scourge of the white man, passing over the lowly African, and haunting the resorts of slave-traders. We can see, indeed, the present resting upon the past in a thousand ways.—*The Med. Press and Circular.*

THORACENTESIS FOR PLEURITIC EFFUSION.

Among the subjects which occupy a sort of middle ground between the general practice of medicine and that of surgery, none is of greater interest or of greater importance than the question of the proper management of serous effusion into the pleural cavity. In regard to the treatment of empyema there is little difference of opinion; but in the treatment of purely serous effusion different practitioners hold diametrically opposite opinions. Some rely almost exclusively upon medicinal remedies, while others believe in early operative interference.

There are two principal reasons assigned for preferring medicinal treatment: First, it is sufficient in the great majority of cases to effect a cure, and it is safe; and, second, operative procedures are not more efficient, while they are dangerous.

In the defence of operative interference these reasons are directly reversed, and puncture of the wall of the thorax is asserted to be the best way of getting rid of the immediate and remote effects of an effusion, while, if properly conducted, it is almost entirely devoid of danger.

To decide which of these opposite opinions is correct, or what mean between them may be adopted, is not an easy task. But something may be gained by examining the grounds upon which they rest.

The efficiency of purely medicinal measures in the treatment of moderate pleural effusions cannot be doubted, nor can the assertion that it has sufficed for very large effusions be denied. To select but a few illustrations of this fact, Barbe, who is not afraid to operate, reports, in the *Archives Générales de Médecine* for May, 1885, a large number of cases cured by the use of iodine externally, and of certain internal remedies. In some of his cases the effusion was estimated at as much as four pints. By the method which Körner of Graz, first used in 1863—which consists in the withholding of fluids from the patient and in the administration of salt—some remarkable results have been reported. Thus Glax, in the *Zeitschrift für klinische Medicin.*, Bd. ix. Heft 5, records twelve cases in which the exudate filled or almost filled the pleural cavity, and in which a cure was effected in an average of twenty-two days. Similar results have been reported by other trustworthy observers.

In the face of such facts, and of the opinion of many of the best clinicians, it must be acknowledged that in most cases the medicinal treatment of pleural effusion is entirely efficient, so far as getting rid of the effusion is concerned. Whether or not it is entirely safe, depends somewhat upon the way in which this word is applied. It is safe enough so far as the immediate result is