

is followed by tuberculosis in 40 per cent. of all cases. Tuberculosis following idiopathic pleurisy is usually more acute and is oftener fatal in the adult than in the child. In the majority of cases (85 per cent.) tuberculosis flares up within five years of the pleurisy; but up to the age of 15 the development of tuberculosis is slower, and it flares up more often than before a lapse of five years. Curiously enough, neither series contains a single case of dry pleurisy in childhood. The occurrence of tuberculosis subsequent to pleurisy due to other infectious diseases was found to be most rare, and the writers therefore conclude that in such cases the patient's is a first-class life, whereas for five years after idiopathic pleurisy he is unassurable, and even after this period his chances of developing tuberculosis are considerable. Their findings are, therefore, in opposition to those of Pollock and Chisholm (*Medical Handbook of Life Assurance*, 1889), who write: ". . . But, after the convalescence from such attacks, the life is assurable. A contracted side from the absorption of a former effusion, with slight dulness and lessened or distant breath sounds at the base, need not invalidate the life."—*B. M. J.*, Feb. 10.

ASCITIC AUTOTHERAPY.

Galup (*Journ. de méd. et chir. prat.*, Art. 23447, November 25th, 1911) makes some observations on the treatment of ascites by autoserotherapy, a form of treatment first introduced by Gilbert, of Geneva, for cases of pleuritic effusion. The results of the treatment hitherto have been very variable; in cases due to alcoholic cirrhosis the successes have been few, though in tuberculous ascites the results have been far more encouraging. Seeing the uncertainty of the results, Sicard and Galup determined to try large intravenous injections, following the idea of Castaigne, who has advocated large injections into the cellular tissue. A woman suffering from cirrhosis, who had been tapped fifteen times at intervals of twenty days, and who had undergone without benefit all kinds of treatment, including subcutaneous autotherapy, was given intravenous injections of successively 300, 200, 150, and 500 c.cm. at intervals of three days. Similar series of injections were made at intervals, till in the course of four months she had had 5 litres 300 of ascitic fluid introduced into her circulation, with the result that her strength returned, her general condition was improved, and the formation of fluid was arrested. In another case cited the results were far less favorable. There are two methods of applying autotherapy in cases of ascites:—
(1) *The method of small subcutaneous injections*: The abdominal cavity