THE
Canadian Journal of Medical Science.
A MONTHLY JOURNAL OF BRITISH AND FOREIGN MEDICAL SCIENCE, CRITICISM, AND NEWS.

U. OGDEN, M.D., *EDITOR.*

R. ZIMMERMAN, M.D., L.R.C.P., London, *107 Church Street Toronto, Corresponding Editor.*

SUBSCRIPTION, $3 PER ANNUM.

☞ All Communications, Letters and Exchanges must be addressed to the Corresponding Editor.

TORONTO. MARCH, 1878.

Selections: Medicine.

ON THE TREATMENT OF PLEURITIC EFFUSION.*

BY T. CLIFFORD ALLBUTT, M.A., M.D.,
Physician to the General Infirmary, Leeds.

In the paper I am to read before this Section, I can scarcely hope to say much that is new, but I may hope to put the old before you strengthened by the results of a maturer experience. My own views of the treatment of pleuritic effusion have been laid repeatedly before the profession, and have contributed to the formation of a bolder habit of procedure in the matter. It is, therefore, neither needful nor possible in the time before me to enter into any full or minute discussion of the whole of our subject, but rather to set forth as pointedly as possible my views on the more difficult or disputed points. Under such circumstances, I must ask your forgiveness for any apparent abruptness or dogmatism.

It appears to me that our first duty is so to divide pleurisies into classes as to enable us to know more clearly what we have to deal with, and thus to avoid much of that controversy which gathers about ill-defined propositions as parasites gather about ill-nourished tissues. Although no hard lines can be drawn around them, yet the following divisions are fairly recognisable if we disregard transitional cases.

1. Dry pleurisies, in which the tubercular may be included.

2. Acute effusive pleurisies, in which the rheumatic are included.

3. Quiet effusive pleurisies in the serous stage.

4. Empyemata.

5. Pleuritic dropsy.

Of Class I, I have now nothing to say. The tubercular pleurisies are at times effusive, but the exigencies of individual cases are too various to be here considered.

Class II. Acute effusive pleurisies are those of an actively inflammatory kind, which make themselves sharply felt from the beginning by pyrexia and pain. The treatment of such cases seems to me to be clear. It is this. At the outset, that is, within twenty-four or forty-eight hours at farthest, leeches should be liberally applied to the parts, according to the forces of the patient, and a poultice applied to receive the bleeding. As soon as the bleeding has ceased, the affected side should be bound down by strapping after the manner best described by Dr. Roberts. Of medicines, I advise a mild saline purgative at the beginning, followed by the use of mercury and chalk combined with Dover's powder in fractional doses, or in weakly patients by the use of Dover's powder alone. Between these powders, I give a mixture containing acetate of potash and large doses of liquor ammoniæ acetatis. By this method, I obtain far better results than were wont to follow my expectant treatment of former years. The fibrinous effusion which issues in these cases almost always subsides when it has reached its height; and, if this height be the height of the spine of the scapula and the fourth rib, I am for this reason never in haste to interfere by operation so long as the patient breathes in tolerable comfort and the other lung is well at work. On the other

* Read in the Section of Medicine at the Annual Meeting of the British Medical Association in Manchester, August, 1877.