

affections of the cord, there appears to exist a remarkable degree of unanimity amongst the authors that I have quoted, which is, in general terms, sustaining measures, stimulants, tonics, counter-irritation, and electricity. Due regard must be had to the casual indications, the habits and general condition of the patient, whether or not there is in operation any influence, subjective or objective, that is taxing too heavily either his physical or mental energy; whether the nervous susceptibility is acquired or constitutional. When the spinal irritation is the result of reflex excitation from some diseased viscera, as arteries, kidneys, &c., it is noticed that the spinal mischief appears subsequently to the outside excitation. The treatment in these cases must be pursued in the same order, and usually the spinal irritation subsides very speedily, after the cessation of the cause. When the irritation results from undue exhaustion, very often instead of deficiency of blood in the cord, there exists a passive congestion, the vessels of the cord having lost their resiliency, and, like food in the stomach of a dyspeptic, the blood is there as a source of irritation. In that case, we must endeavor to set the blood in motion, and restore tone to the vessels, for which purpose nothing answers better than counter irritation, as by hot water, or stimulating liniments and electricity. I had intended to close my paper by reporting a few cases which illustrate, in some measure, the subject that I have now endeavored to bring before this Association, but having already taken up a good deal of time, and not wishing to trespass unduly, I will finish with the following, copied from my case book.

Case.—Was sent for one night in March last about midnight, to see Mrs. B., a primipara, seven months advanced in gestation, who was suffering from paroxysms of pain simulating those of labor—intermitting and recurring at short intervals. She also complained of pain and numbness in the arms and forearms, so severe that at times she was forced to cry out. The patient was anæmic and had been suffering a good deal from neuralgic pains of the head. The symptoms of which she complained this night had appeared suddenly. I suspected the case to be one of threatened premature labor, but being a primipara, I avoided a digital examination. The condition of the arms, however, suggested that the symptoms might be due to some difficulty in the cord. On enquiring as to whether

or not there was tenderness in the spine, she replied in the negative; but, upon examination, I found great tenderness in the upper dorsal region, which when pressed upon, excited the spasms and pain. I directed a mustard poultice to be applied to the upper part of the spine, and gave the patient a quarter of a grain of muriate of morphia, the result was almost immediate relief. Next morning I found the patient very much better, and she continued so to her confinement, which occurred at the full term of gestation, when she was delivered of a fine healthy daughter.

TREATMENT OF PLEURITIC EFFUSIONS,*

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The treatment of pleuritic effusions by means of operative procedure, has engaged the attention of the profession to a considerable extent of late, and it is now generally conceded, that when the fluid in the pleural cavity assumes a purulent character, that when the chances of rapid absorption is done away with, and the collection of fluid, by its local as well as constitutional effects, causes impairment of the vital functions, it is then the duty of the physician to resort to operative measures for relief. I will not take up your time in discussing the advisability of interference in cases of recent effusion, where the evidence is altogether in favor of its being serous in character, for such cases will always have to be decided by the circumstances of the case, and the urgency of the symptoms. For on the one hand we see cases where absorption takes place rapidly, and again we see almost instant relief from the withdrawal of fluid by mechanical means. It is in reference to the treatment of empyema that I wish principally to engage your attention.

Dr. Aitken, in his "Science and Practice of Medicine," published prior to 1869, remarks that if the fluid, after the first tapping, becomes purulent, an almost certain fatality attends such a change. Dr. Flint, in his "Principles and Practice of Medicine," states that if the pleural cavity be filled with pus, it will not be absorbed, but if

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