

keep it crippled; it is to keep it at a constant disadvantage; whereas it ought to be placed at an advantage, for something is to take place in it which is not taking place in the sound part, namely a reparative process over and above its ordinary nutrition and function.

To allay pain, because pain and healthy nutritional action are incompatible—as long as the one subsists, the other will be suspended; and this no doubt, from the baneful and disturbing influence which pain exercises on the nervous superintendence of the circulation of the part.

To keep up vital power, because the higher the standard at which this is kept, the more energetic will be the processes leading back to a condition of health, whether of deposition, of absorption, or whatever they may be.

In the cases of Russell and Wingall, in which there was no effusion, but merely the pain and friction, I endeavoured to secure these conditions by forbidding exertion, by the infliction of sedatives, and by the administration of quinine, etc. And even with the man Franklin I had but little more to do than this. I neither bled him, nor leeches him, nor blistered him, nor purged him, nor antimonialised him, nor mercurialised, nor "ised" him in any other way, except did my best to *sthenise* him. His pain was much greater than that in the other cases, so I gave him in addition frequent doses of sedative internally. As far as we can judge from results, the counter-irritation of the turpentine fomentations was of the greatest service to him.

By some persons a blister is always applied in cases of pleuritic effusion, and with a view, I believe, of removing the fluid by withdrawing it into the blisters which are raised; but if we look at the quantity contained in the chest, and the quantity which the blister "draws," this action is seen to be clearly impossible. The only other way in which it can act is as a counter-irritant, and I think in this way it is inferior either to mustard or turpentine, and has the disadvantage of not being able to be repeated.

With a view of promoting absorption some physicians have advocated bleeding in cases of pleuritic effusion. There can be no doubt that the abstraction of blood increases the rapidity of absorption, and, therefore, that this practice stands on rational theoretical grounds; but there are strong practical objections to it; it certainly in its general results tends in exactly the opposite direction to that which the rest of our therapeutics is directed to; and in the opinion of some, and among them the late Dr. Todd, has a direct tendency to increase the effusion, by impoverishing the blood and rendering it more watery and prone to passive transudation. I have heard Dr. Todd say of himself that he thought, if in any given case of pleurisy you wanted to produce effusion, nothing would be so likely to do so as to bleed your patient. At any rate, if we could, by reducing the contents of the blood-vessels, generate an endosmotic current into them, and so favour absorption without impoverishing the blood, it would be vastly better. I am not sure that this might not be done by giving occasional smart doses of hydragogue cathartics; in any future case of hydrothorax, I should feel very much disposed to try it; carefully keeping up my patient at the same time in every way, by tonics, stimulants, and food, to antagonise the lowering effect of the cathartics.

The only part of my treatment about which I have any doubt is about the value of the iodine in any case: which one wants to promote absorption, one gives iodine, as a matter of course, externally, internally, and both; and one cannot doubt that locally its effects in this way are sometimes very striking. But if you were to ask me if in any given case of hydrothorax, I had any tangible and irrefragable proof that the fluid had disappeared the sooner for its administration, I should say I had not.—*Br. Med. Jour.*

## TYPHOID OR ENTERIC FEVER.

### THE TREATMENT

By ALEXANDER TWEEDIE, M.D., F.R.S., Physician to the London Fever Hospital, &c., &c. An abstract of his recent work on Fever.

*The Sick Room.*—The apartment should be of good size and be well ventilated, fresh air being allowed to pass through it occasionally, even in cold weather. Its temperature should be kept near 60° F. as possible, and ought never to exceed 65° when it can be avoided; though sometimes in the summer and autumn months it may be difficult to obtain this limited range.

The patient should lie upon a soft hair mattress, and his comfort would be much promoted by the occupation of one bed during the day, and another at night. Perfect quiet should be enjoined, and but few and short visits be permitted.

*Diet.*—During the first few days, the diet should be restricted to the lightest farinaceous food; afterwards, as the fever progresses, beef tea or chicken broth may be allowed. I generally direct from half a pint to a pint of moderately good beef tea in the 24 hours, almost from the commencement of the fever, unless the symptoms indicate a more than ordinarily acute disease, and consequently a more restricted regimen. The beef tea should be given in small portions at a time; and if it produce uncomfortable feelings or feverishness, it should be withheld for a few days, the gruel and panada being continued as before.

All fruits should be avoided, or be used but sparingly.

Towards the middle or end of the second week, perhaps earlier or later, symptoms of exhaustion appear, the pulse becomes soft and compressible, the skin cool and often covered with a clammy moisture, the patient feels weaker, and the tongue assumes a brown appearance. More sustaining diet must now be allowed, as stronger soups, fish, and tender meats, and a light tonic, as the mineral acids or vegetable bitters, should be prescribed.

*Drinks.*—The thirst may be allayed by such drinks as whey, rice-water, lemonade, apple-juice, &c., which, if desired, may be iced. Should the bowels become irritated by the acid drinks, they must be given more sparingly, or be discontinued for a time. Long draughts of any kind are apt to distend and oppress the stomach without allaying the thirst; aerated waters are also objectionable for the same reason; therefore small quantities of fluids, more frequently repeated would be preferable. A little piece of ice taken into the mouth occasionally generally proves extremely grateful to the patient, and may at any time be suggested.

*Emetics.*—I do not consider that these possess any other power than of ridding the stomach of acrid matters, for which they are only applicable at the very commencement of the disease.

*Purgatives.*—In the beginning, and particularly