

## TREATMENT OF PLEURISY.

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Treatment of Pleurisy.*

"The treatment of pleurisy." Dr. Anstie writes, is naturally divided into that of the primary and that of the secondary forms.

"Primary pleurisy, of a well-marked type, is perhaps as little the fit subject of treatment by drugs or other artificial means, in its acute stages, as any disease that could be named; or rather, the drugs needed are very few, and are all of the stimulant-narcotic class. For the vast majority of patients, indeed, the only drug which is of considerable value is opium in one or other form, until the febrile period is passed over, when preparations of iron sometimes become very useful. I do not make this statement without having carefully watched and considered the effects of a number of internal remedies which are still used as a matter of course, and, indeed, considered essential by various physicians of good repute.

"To take, first, the case of primary simple fibrinogenic pleurisy, one may at once decide against all heroic remedies, since evidence abounds on all sides to show that the disease is a perfectly harmless one, unless the patient has strong tendencies to constitutional disease, and that it tends always to recovery. In fact one has no need to adopt any treatment whatever beyond keeping the patient in one room, free from draughts, and in the posture which he finds easiest to him; feeding him steadily with nutritious food of the kind best adapted to the degree of fever and digestive derangement that may happen to be present; forbidding unnecessary movements and walking; applying hot poultices to the side, and administering an occasional hypodermic injection of  $\frac{1}{2}$  or  $\frac{1}{4}$  grain morphia to keep the pain in check. Acetate of ammonia, in doses just short of those which produce decided sweating, will sometimes greatly relieve the pain and distress even without the aid of opium, and is at all times a harmless, even if an unnecessary medicament. Recently, the acetate of methylamine, a base which exists in roasted coffee, owing to the transformation by heat of a part of the caffeine) has been proposed, and apparently used with good effect, by Professor Béhier, of Paris. There is usually no necessity for alcohol, and it had better be avoided. After some six or seven days in bed the patient will probably be well able to sit up; and the only thing necessary to forbid him is movement. He should sit perfectly still. If any anæmia remains, the tincture of muriate of iron in twenty-minim doses, thrice daily, is advisable as a tonic; and, on the whole, a very few days ought to see the patient completely fit to resume his ordinary work.

"In pleurisy evidently of considerable extent, and with a notable amount of *serous effusion*, the ideal of treatment should be still, as much as may be, that given above. It is now very decidedly proved that the old heroic methods of attacking severe pleurisy ought to be abandoned. In the first place, as to general bloodletting. I have witnessed enough of this treat-

ment to be sure of two things: firstly, that the older physicians were perfectly right in the statement that it usually relieved *pain* with great promptitude; and secondly, that the relief thus given is not in the least degree superior to that afforded by hypodermic injection of morphia, except that it operates more quickly, perhaps by some five minutes, than the latter. As to bleeding checking the tendency to effusion, *that* is to me quite incredible. No such effect has been witnessed in either of the five cases of phlebotomy for acute pleurisy that I have watched at various times; and I observe that Dr. Aitken, while still adhering to the use of this remedy, recommends us not to be discouraged by the fact that the effusion may go on increasing after the bleeding, and the patient also may feel very depressed. It is true, he says, that after a certain time absorption will set in, and that it will then go on more rapidly and well than if the patient had not been bled. I cannot at all imagine on what evidence this last opinion is based; certainly it utterly conflicts with the facts of my own experience; and though I have personally seen little of the actual treatment of pleurisy by bleeding, I have examined a pretty large number of persons whose past history included one or more pleuritic attacks which had been so treated. The accounts given by such persons show a melancholy uniformity: long weeks and months of suffering from the presence of effusion in the chest, occasionally leading (through empyema) directly into active and rapidly fatal tuberculosis, nearly always slow and imperfect recovery, with diminished vital energy and especial weakness of the chest, and only in the rarest cases a tolerably prompt and complete recovery. The homœopaths have made their fortunes in no small degree by their treatment, of pleurisy, which has had the one sole merit of being purely negative, and avoiding all destructive agencies.

"A much better case, no doubt, might be made out on behalf of local bloodletting. Cupping ought never to be mentioned, being actually barbarous in the suffering it inflicts on a pleuritic patient. But leeches unquestionably do relieve pain very often in a speedy and effectual manner, and I only know of one objection to their use—viz., that morphia will relieve the pain with even greater certainty. During five years of dispensary practice I determinedly abstained from the use of leeches in pleurisy, and found morphia, even given by the mouth, a perfectly satisfactory substitute. But since the use of the hypodermic syringe has become more common, the advantages of morphia are far more manifest; and I have no doubt, personally, that leeches are now unnecessary. The first act of the physician in treating a pleuritic patient in the agony of the early acute stage should be to inject 1-6 or 1-4 grain of acetate of morphia (for an adult) under the skin, and to envelop the painful side in a hot poultice. For a child under two years, 1-40 or 1-30 grain is enough. Such doses as these may be repeated every four hours if necessary; but in fact it is seldom that more than two or three doses are needed in the first twenty-four hours, and afterwards one dose in each twenty-four hours is generally enough.