and thus occasion permanent deformity, designated *torticollis rheumatica*. In the acute stage, the treatment should be, internally, salines and possibly quinia; externally, hot anodyne fomentations, the continuous galvanic current and hypodermic injections of atropia. In the chronic form, guaiacum internally, and friction and galvanism locally, will relieve the stiffness of the muscles and allow the head to assume its more normal position. Assistance can further be gained by faradizing the lengthened muscles, thereby increasing their contractile power.

There is another adult affection to which this region is subject, termed *torticollis spasmodica*, in which, when fully developed, the head is subject to constant twitchings, being drawn to the side of the disturbed muscles. For a time the muscles of the sound side resist, and restraighten the head, but, as weeks or months go on, this contest is seen to be unequal, and the healthy tissues become permanently relaxed, not even replying to the strongest will effort, and the wry-neck becomes fixed. During sleep, or lying down with the head supported, or under anæsthesia, the jerking ceases; while on the other hand, whatever disturbs the general health, or causes emotional excitement, increases it, as also does physical exertion. The contractions are often accompanied by pain. This condition may be but one aspect of a more general nervous affection in which the muscles of the face, or of the shoulder, or of the arm, or of deglutition, or of the leg, are involved, but it is the rule that the muscles of the neck only are affected. No constant or general exciting cause can be given for this spasmodic condition, nor are we familair with its primary cause.

Electricity exerts a decided influence on the parts, and has been employed with marked temporary benefit. Its rule of application is this: To the contracted muscles the continuous current, inducing relaxation; to the elongated muscles, the faradic, or interrupted galvanic current, causing powerful contraction. Subcutaneous injections, both of morphia and atropia, afford temporary relief; the latter, conjoined with the internal administration of bromide of zinc, has effected cures. The wearing of an apparatus is judicious, in that it gives surcease to the twitchings for a time. Neurotomy, though occassionally successful temporarily, has not furnished the good results that might be expected.

PLEURAL EFFUSIONS AND THEIR TREATMENT.

Dr. Ringer, of the University Hospital, as reported by the *British Medical Journal*, says:—

As to tapping, it was formerly reserved for extreme conditions, but now we aspirate, either to assist absorption, or to save the lung. Hence it may be done early, say when the chest is half full of fluid. The febrile state may last twenty-five or thirty days, we need not wait till it is over. The effusion conains so much albumen as to be practically a bleeding, nd shou ld be stopped as soon as possible. After an arly tap ping, I have known fever to continue a fortnight without fresh effusion. We may classify cases into those with simple serous effusion and simple purulent effusion; either may be *with* fever or *without*, and all will probably do well with aspiration. Then there are cases where the pus is fetid; if there be no high fever, give these a chance with simple aspiration; and even if there be fever, though the case then is very grave, one trial should be given to the same plan before an incision is made, for I look upon the free opening of the chest as a very serious and risky affair. The case before us has done well with a single aspiration. Examining for the results, and judging of the amount of expansion of lung, beside auscultating, etc., we look at the angle formed by the costal arch in front; in health the angle should be obtuse, and nearly equal on both sides, perhaps more obtuse on the right, owing to the liver, whilst, if the lungs have not expanded, the arch will have sunk in somewhat, and the angle be more acute; the shoulder at the affected side will be lowered, and the spine, whilst often curved with convexity toward the same side during the stage of effusion, will have an opposite direction when the effusion has disappeared."

Another case of pleuritis, in which five pints of serum had been removed by aspiration, was somewhat unusual, as being secondary to Bright's disease. In this form of malady the progress is usually insidious, and yet the effusion rapid. We know, from the effect of blisters in such patients, how quickly effusion may be poured out in any part. Dr. Ringer does not think it necessary to stop the withdrawal at any definite quantity, nor does he consider cough an indication for withdrawing the needle, only if much pain be complained of or if blood begin to come.

The *Centralblatt* states that from a series of observations made during fifteen years in Frerich's wards with special reference to operative interference, C. A. Ewald arrives at the following conclusions:—1. In cases of serous effusion in the pleura, puncture should be performed before the third week, only if life be in danger. 2. If puncture be made under exclusion of air and with previous disinfection of the instrument, no serous exudation becomes purulent. 3. The only means of determining with certainty whether a pleural effusion is serous or purulent is an exploratory puncture. 4. Incision, with puncture, should be made as early as possible into purulent exudations. 5. The mortality after incision into purulent effusions is from 50 to 60 per cent. when they are treated according to the present plan (incision in the sixth intercostal space between the nipple and the anterior axillary line, washing out with disinfectants once or twice daily, a catheter being retained in the wound, or one or more ribs resected). 6. Sanguineous effusion (in which blood becomes mixed with the exudation in consequence of the dilatation of vessels, leading to their rupture) is always the result of malignant growths of the pleura. 7. Serous exudations do not exclude the presence of tubeculosis and cancer of the pleura.

ON THE TREATMENT OF CHOREA.

L. Farry relates in the *Bulletin de Thérapeutique* (quoted in *Paris Médical*, March 9, 1876)