

On September 20 last there came to me, at the Western General Dispensary, W.R., aged 59, a strong, healthy, temperate man, employed at a coal wharf on the Paddington canal, complaining of a slight cough without expectoration, great tenderness over the right mamma, pain on moving the arm and a stitch on drawing a deep breath. He thought that he had strained himself when pushing a barge along the canal with a pole, which rested against his right shoulder. No pleural friction sound was detected, or any morbid sound in the lung. He thought he might have been chilled while sweating, but did not remember anything of the kind. Though there were no marks of injury, I accepted his version, and as he was unwilling to lie up, confined myself to ordering belladonna liniment to the side, and a draught three times a day containing 120 grs. sulphate of magnesia, 50 ms. of liquor morphia acetatis, and one drachm of liquor ammoniæ acetatis—not, perhaps, very erroneous treatment, still, if I had recognized the case as one of pleurisy, I should have prescribed otherwise.

On September 27 I saw him again. He had been at work all week, but the pain had compelled him to knock off on one day. His appetite was bad, otherwise he confessed himself easier. I examined his side, and noted a friction sound in the right axillary line at the fifth intercostal space, nothing more. Puzzled, but persisting in my previous diagnosis, I repeated the liniment, changing the medicine for a draught containing one grain of quinine and three grains of iodide of potassium, three times a day.

When next I saw him he had an effusion into the right pleura up to the level of the nipple. I will not detail the progress of the case, except to say he recovered after three weeks' attendance upon him at his home. This case has been a lesson to me. I hold that if a case of simple pleurisy goes on to effusion under the care of a practitioner, he should blame himself largely, if not entirely, for it. The effusion of serum is the second means whereby Nature keeps the inflamed pleural surfaces at rest, if agglutination by lymph has failed; and any one who considers himself a competent practitioner will hold, I think, that he should not let it fail.

In contrast to this case I quote another in which, in spite of misleading appearances, the malady was recognized, and the treatment, in consequence, directed with success:—

On March 10 last, there came to the assistant physician's department at St. Bartholomew's Hospital, where I was acting at the time, R. C., aged 37, a laborer of intemperate habits, depressed in appearance, and with the general look of a broken constitution. Twelve months before he had been in the hospital with pleurisy accompanied by effusion on the right side. His complaint was of pain in the left side under the edge of the ribs; of cough, shortness of breath, and loss of voice; very bad appetite, retching and vomiting on arising in the morning. Tongue flabby, clean at the edges, fur-

red on the dorsum. Bowels very loose. Urine clear, dark, giving much red coloration with nitric acid. Pulse 120, soft, regular. Temperature normal. On the whole, he presented the picture of alcoholic dyspepsia. Physical examination showed traces of old pleurisy at the base of right lung in impaired percussion note, vocal resonance and thrill. At the base of the left lung I noticed doubtful crepitations and friction sound. This ailment had come on gradually for five days; he could not assign any cause for it. He had continued at work until the day before. Diagnosis was made of diaphragmatic pleurisy. He was ordered a large mustard poultice to the left side, and a draught containing one-eighth of a grain of acetate of morphia one eighth grain of tartar emetic, and sixty grs. sulphate of magnesia three times a day. Three days after he returned much better, the pain, friction sound and crepitus gone, complaining only of a little cough and distaste for food. He was given the haustus cinchonæ acidus, and a morphia linctus and continued to improve rapidly until he ceased attendance.

Inconclusive by themselves, these two cases are selected from a series out of which I have been able to draw some conclusions. Had I to treat these cases over again, I should employ the treatment which I employed with the second, feeling certain that I should have met with equal success.

Of local applications I have come to rely on two only: a mustard plaster not less than four inches square, kept on as long as the patient can bear it, and a mild vesication to the same extent with acetum cantharidis, or linimentum saponis compositum, painted on if necessary more than once. Stronger vesication makes a sore long in healing, and is more than is necessary for the cure.

Before, and for some time after I used tartar emetic, I was in the habit of prescribing the hospital mixtures containing acetate of ammonia with camphor water, sulphate of magnesia or vinegar of squill respectively, adding morphia when required, in a manner which may be condemned as routine, but which is in a large hospital found to be unavoidable. The effect of these I found uncertain, the patients as often returning worse as better. I can hardly convey an idea of the confidence with which I permit myself to treat these cases since my adoption of Dr. Billings's mixture. The quantity of antimony employed should not produce any purgative, emetic, or sudorific effects; if it does it should be diminished, or entirely stopped. Its action is to be appreciated by comparison with the use of other drugs. The alleviation of the pain is not due solely to the morphia, nor to the counter-irritant employed. For it appears in cases where neither has been used; and I myself put it down to a restoration of circulation in the inflamed parts, similar to what I have seen produced in more than one case of erysipelas attendant on varicose veins in the leg, where the same remedy was employed.

Antimony appears to be a tonic to several nerve centres in the medulla (a point to which I shall