

TREATMENT OF PLEURISY.

In the course of his lectures entitled "Sketches of Success and Failure in Medicine," Dr. C. J. B. Williams observes that the treatment which is successful in a large proportion of cases of acute pleurisy is chiefly antiphlogistic, and more local than pneumonia. Venesection is required only in the plethoric and robust, and then only in the earliest stage of the sthenic form; but leeches or cupping may be used with advantage so long as there is pain with increased temperature. In very many cases there is little or no heat of skin; and in these he prefers a large blister at once, keeping it on not more than six or eight hours, and following it with a large poultice covered with oiled silk. This promotes the discharge from the blistered surface, and acting as a comfortable fomentation on the side, may well be continued till the parts are ready for further blistering, should it be required. Of internal medicines, mercurial and saline diuretics are the best for the early stage of inflammation. If there be severe pain, he gives a few doses of calomel combined with morphia, till the pain is relieved, and then substitutes small doses of blue pill, with squill and digitalis, two or three times a day, until an effect is produced on the bowels, kidneys, or gums. Salivation is by no means necessary or desirable, the best operation of mercury being on the liver and kidneys; and when these are brought to act freely, the effusion, if serous, generally is stayed and will diminish, quickly in some cases and very slowly in others, without any further active treatment. Saline diuretics of citrate and nitrate, or acetate of potash, are useful in most cases. In mild forms of the disease mercury is not necessary; blisters and saline diuretics are sufficient, and may soon be changed for iodide of potassium in a bitter infusion, with daily painting the affected side with tincture of iodine. But sometimes cases of extensive pleuritic effusion are met with, which, either from original intensity or from not having been treated soon enough, will not yield to any or all of these remedies; and whenever the effusion is not so much as to cause such distress in breathing as to interfere with the comfort of the patient and especially to prevent sleep, there should be no delay in puncturing the chest. We may be more confirmed in recommending this treatment if the symptoms render it probable that the effusion is purulent, and it may be often guessed that this is the case when there is general pallor, with partial hectic flush, alternations of chills and sweats, very frequent pulse, much weakness and tremulousness of movement, and more than usual tenderness and puffy feelings of the walls of the affected side. In cases in which the nature of the effusion is doubtful, the grooved needle may be introduced to settle the point; but Dr. Williams says that in all cases where there is great and continued effusion—such as to prevent sleep—the operation should be performed, whether the effusion is purulent or serous only. In cases of serous effusion, tapping to the removal of two or three points may be enough to relieve the oppression. The respiration and circulation being thus set free, the rest will probably be absorbed. But

in cases of empyema it is desirable to evacuate more matter, and repeated operations may be required. Dr. Williams' experience is in favor of avoiding the admission of air if possible, and for this purpose the simplest and most effectual means is the attachment to the canula of the trochar of a few inches of a perfectly flaccid tube, such as rabbit's intestine, or soft thin india-rubber, which permits the liquid to flow downwards freely, but, collapsing as the current flags, effectually prevents any air from passing upwards. After the operation the treatment should be of a sustaining kind. A course of cod-liver oil with a mild tonic, a generous but not too stimulating diet, and moderate exercise in a healthy air, greatly conduce to convalescence, and may prevent many evil consequences. In cases of empyema with a permanent opening in the chest, little improvement may take place till the patient goes to a healthy country place or to the sea-side; and then the discharge soon begins to diminish, and the health and strength are simultaneously improved.—*Medical Times and Gazette*, March 23.

QUININE COMPARED WITH ERGOT.

It is well known amongst practical men in England that sulphate of quinine has certain effects on the womb, of which it is well to be aware—for instance, that if given to young girls it is apt to make the menstruation painful and scanty. Dr. Angelo Monteverdi, of Cremona, has treated of this matter at length in a lately published treatise, (a) of which the following are the conclusions:—Bark and its preparations act first on the sympathetic, then on the spinal nerves. Thus it produces contraction of the muscular fibres supplied by the great sympathetic, and especially of the womb, bladder, intestines, and bloodvessels. Its effects depend on the dose, and on the condition of the organs acted on. It may restore relaxed organs to their normal state of tone; or if the tone of these organs be already sufficient, it may induce morbid and excessive contraction. This is shown by its action on the pregnant womb, and especially during parturition. It may, administered imprudently, cause abortion; but in case of languid and feeble uterine contraction it may accelerate childbirth, and cause the normal expulsion of the placenta. Dr. Monteverdi believes it to be far preferable to the ergot, and less detrimental to mother and child. It takes the place of the ergot in all relaxed contractions of the womb—menorrhagia, amenorrhœa, and the like. It is the best preventive of puerperal fever, and the best remedy for its early stages. It is injurious in all cases of uterine excitation. These are the conclusions of Dr. Monteverdi, supported by many cases and by abundance of argument. Without doubt he demonstrates the effect of quinine on the womb; but he fails to show that for rapidity, certainty, and power of action it is at all comparable to the ergot as a parturient. Nevertheless, the hints here given, and especially on the possibility of causing dysmenorrhœa or abortion, are worthy the attention of the circumspect Practitioner.—*Medical Times and Gazette*.