

from which we may principally select, are, mercury, iodine, potassio-tartrate of antimony, nitrate of silver, bismuth, ipecacuanha, &c.; several of these may be combined with advantage. Thus the iodide of mercury may be chosen; and ipecacuanha may be usefully allied to mercury, iodine, or nitrate of silver, severally; all of them may also be united, if necessary, with purgatives, such as the extracts of rhubarb, aloes, or colocynth, with scammony, &c., and sometimes, most beneficially, with the extract of colchicum.

Meanwhile much attention must be given to the state of the urine, and the action of the skin. The condition of the urine is a matter of much importance. It must be our care to detect and re-adjust any departure from the normal equilibrium of that important excretion, any excess or deficiency of its constituents. In general, it may be remarked that morbid stomachic secretions are more often associated with and dependent on a deficiency of some of the constituents of the urine, than with excess of these.

2. When heartburn is attended with a red tongue, thirst, pain at the epigastrium, and a distinct sensation of coolness in the stomach, on cold fluids being swallowed—circumstances indicating hyperæmia and erythema of the mucous membrane—solutions of the acetate of ammonia, nitrate of potass, borax, and even dilutions of the acetic, tartaric, and sulphuric acids, are to be employed. Seltzer water, iced drinks, lemonade, grapes, ripe apples and pears, &c., may also be used as ordinary drink and food.

3. That species of heartburn which is a mere variety of gastrodynia, and is accompanied with no derangement of secretion, no hyperæmia or tumidity of the mucous membrane, is best treated with pills of the tris-nitrate of bismuth and hyoscyamus, nitrate of silver and conium, oxide of zinc and extract of chamomile. To these may be conjoined draughts of the infusions of orange peel, of taraxacum, and of gentian.—*London Lancet.*

TREATMENT OF PLEURISY.

From Dr. J. A. Swett's Lectures on Diseases of the Chest.

SIMPLE cases of acute pleurisy, if the attack be mild, yield readily to a mild antiphlogistic treatment, viz., one or two venesections, followed by cupping or bleeding, purgatives and low diet, with rest. Under this treatment the constitutional fever is subdued, the pain relieved, and gradually the effusion is absorbed. Many judicious practitioners are in the habit of attempting to aid the absorption of the effusion by blisters and diuretics. I am disposed to think these remedies sometimes useful, but that in general they are of a very secondary importance. If pain continues to exist longer than usual—if the effusion is slow in disappearing, I should be disposed to blister the side and try and hasten the removal of the effusion by diuretics. The nitrate of potass, the hydriodate of potass, the diuretic decoctions, digitalis; any, indeed, of the well-known diuretics,

may be used, and during their use I have sometimes seen the urine increased, and the absorption of the urine apparently hastened.

In severe cases we should resort to a still more active treatment, and as soon as the constitutional symptoms are somewhat abated by venesection and other means, we should resort to mercurials, and continue them more or less freely, according to the urgency of the case, and other circumstances, until the gums are touched. The influence of mercury in controlling serous inflammation, as well as the marvellous rapidity with which it promotes the absorption of coagulable lymph, when recent, appears to me one of the best established facts in therapeutics. Hence its value in a severe case of pleurisy, where we have not only to fear immediate danger from the violence of the disease, and the prospect of purulent formation, but the remote evil of a lung bound down and buried in lymph, the cause of extensive adhesions. I have observed, in cases where it is easy to watch the daily progress of the case, that no impression seemed to be produced upon the disease, until the gums became affected, and that the absorption seemed to accompany at once the decline of inflammatory action. I do not know that there is any particular choice in the form of the mercurial preparation, but calomel gr. i. with opium gr. $\frac{1}{2}$, or with Dover's powder grs. vi. given from twice to four times in the 24 hours, according to the urgency of the case, will be found as useful as any form.

When a case of pleurisy has gone on to suppuration, it is indicated by a continuance of the local symptoms and the supervention of hectic. When this change occurs, a corresponding change in the treatment becomes proper. The patient's strength should now be supported by nutritious diet, even quinine and wine may be necessary, and the greatest attention paid to the digestive organs, particularly to keep the appetite good, and guard against the occurrence of diarrhœa. If the patient has not been already mercurialized, and is strong enough to bear it, I should, in accordance with Dr. Hope's plan, which he found so successful, put the patient upon a mercurial course, at the same time carefully supporting the vital powers. Dr. Hope by this treatment cured thirty-five cases in succession. Some have been successful with the preparation of iodine. Dr. Stokes cured twenty cases of empyema by Lugol's Solution of Iodine, with the iodine ointment rubbed in externally. Both he and Hope used blisters also. Dr. Schonlein, of Berlin, is in the habit of trusting mainly to diuretics, especially to digitalis and nitre, and thinks he has seen the pus even carried off directly by the kidneys. The treatment I am in the habit of using in these cases is a combination of three different plans—I would give the proto-iodide of mercury with opium, and in conjunction with it the hydriodate of potass; at the same time using blisters dressed with the hydriodate ointment, or rubbed into the side. If the case was obstinate, and no diuretic effect was produced by the potass, I would resort to diuretics—at the same time supporting the strength by such diet and other means as the case might require.

Under any plan of treatment, however, I fear we shall frequently be foiled. The great thing is to prevent the formation of pus by appropri-

ate treatment, early in the disease—but if pus has once formed, it is not, I think, very readily removed by treatment. The question then arises, shall we resort to an operation and evacuate the pus—and if so, under what circumstances shall we resort to it?

Most authors on the subject are of opinion that the operation, like that for croup, should only be resorted to at the last extremity. I am disposed to doubt this position, both pathologically and practically. I have seen nine cases within the last few years where the pus was discharged externally; in six by an operation, in three spontaneously. In only one of these cases did death ensue, and this patient I think might have recovered had his circumstances afforded him a better chance. In another case, I fear death will eventually ensue, because I think the lung itself is seriously diseased. I find I am supported in this statement by that of Heyfelder of Germany, who operated on six patients with complete success. I also agree entirely with this writer, that when the treatment employed has made us doubt whether the fluid will be absorbed, the operation is justifiable, and that then the sooner it is performed the better.

One of the principal reasons given for putting off the operation to a later period, is this—that until fluctuation and pointing occur, you cannot be sure that pus is in the chest—you cannot be sure even then. I have felt and seen both, without a particle of fluid in the chest, in a case of cancerous tumor, imitating in other respects, almost exactly, a purulent effusion. Again, as Laennec has perfectly shown, you may have a considerable collection of pus in the pleura, and the affected side, so far from presenting signs of fluctuation, is not even dilated—but on the contrary contracted. So that in many cases, if you wait for fluctuation, your patient may die first from exhaustion. The truth is, that with a fair history of the case before us, and with the aid of the usual physical signs of pleuritic effusion, we can usually say whether fluid exists in the chest without fluctuation—although if this is present, so much the better.

Again, some would discourage the operation, for the reason that we cannot always feel certain that the effused fluid is pus. If it should so happen, it is said, that the effusion should be serous with coagulable lymph, a secondary inflammation would be excited, which would terminate fatally. Of the truth of this statement I can say nothing—I have never yet seen anything but pus evacuated, and, as I have stated already, most of those cases recovered.

Now suppose the operation is decided, how shall we perform it? The usual place of opening the chest is laterally between the 5th and 6th ribs, but it may be made with advantage as low down as fluctuation can be felt. I have known it done even between the 10th and 11th ribs. The skin should be pushed up forcibly with the thumb of the left hand, so as to make the opening valvular, and an incision an inch or more in length carried through the skin along the upper edge of the 6th rib. I would then recommend that an exploring needle should be passed into the chest *in all cases*. In the first place, I can

conceive no possible case where it would do harm, and it is attended with very little pain. If it discovers pus, then we can have no doubt as to the propriety of continuing the operation—if it gives indications of serum only, or if a solid tumor, then we can pause. In opening the pleural sac I think a double-edged scalpel, or an abscess lancet, better than a trochar, especially if it be a flat one. Great care should be taken that the edge, and especially the point of the instrument, be very sharp. I think I have known one, if not two cases, where the instrument, *from being dull, did not enter the cavity of the pleura at all*. The truth is, the pleural sac is usually lined by a thick and elastic false membrane, which can be separated from it easily, without force. Now a dull instrument, especially a pushing one like a trochar, may pass through the pleura and push this loosely attached membrane before it without even penetrating it, and of course without entering the cavity containing the pus. A very sharp instrument, giving it a cutting movement, might thus spare us the mortification of a case of dry tapping.

A question here arises, how much of the pus should be drawn off? I would let it run so long as no air entered the chest. But even if air gets admission, it does no harm, except in preventing the expansion of the lung—it does not excite inflammation, and is soon absorbed. A small tent of lint had better be introduced into the wound—for I have seen one case where the operation was remarkably successful in its first results, all the fluid having been at once removed, the opening being very low between the 10th and 11th ribs, and no air entering, so that the respiration could be soon heard all over the side. The opening however closed at once, and a new one was required higher up in the course of a week. Generally, however, where all the pus is not evacuated, I do not think the opening would close even without a tent. Simple loose dressings to receive the matter that may flow from the wound, a nutritious diet with tonics, and fresh air to support the strength, opiates to relieve irritation and procure sleep, are the indications of the after treatment.—*New York Medical and Surgical Reporter*.

"JARVIS'S LECTURES ON FRACTURES AND DISLOCATIONS."

[Communicated for the Boston Medical and Surgical Journal.]

THE visit of Dr. George O. Jarvis to the old world, and the success of the enterprise which carried him thither, are worthy the attention, not only of surgeons, but of every son of America. The fame of the new world has been upheld by her statesmen, lawyers, philosophers, clergy, and her mechanics; but in the branch of medicine, the names of Rush, Dewees, Physick, Mott, and a few others, alone sustain her feeble reputation. There are here, as abroad, gentlemen who have performed astounding operations, so formidable and so fatal, that one is tempted to exclaim, with the frightened sheep in the fable—