The Treatment of Tuberculous Pleurisy.

Dr. William Osler states that the indications are twofold: First, to limit and control the exudate and to promote its absorption. In the early stage it is sufficient to allay the pain, if severe, with opium; to reduce the fever, if high, by sponging, and to keep the bowels freely opened. It is doubtful whether the salicylates deserve the confidence which many claim. While fluid remains in the chest it is for the good reason that it cannot get out, owing to blocking of the lymph paths. Absorption from the pleura goes on, chiefly if not entirely, from the costal layer. Good results are seen from putting the patient on a dry diet, and giving brisk saline cathartics. Diuretin, when it acts, is useful in the same way. If at the end of ten days the exudate persists, and is at the level of the fourth rib in the erect posture, aspiration is advisable, and this may be repeated in a few days if the fluid reaccumulates. There are no greater risks in the tuberculous than in the simple serofibrinous cases, and it is very important to relieve the lung early of the compression to which it is subjected by any large quantity of fluid. The risk of the compressed lung becoming the seat of tuberculosis is not very great; more serious is the danger lest it should become bound down by such firm adhesions that it cannot expand. Gentle counter-irritation of the skin is probably beneficial in these later stages, stimulating the lymphatics of the costal pleura. In chronic serofibrinous effusion with thickening of the membranes, the fluid reaccumulates rapidly, and aspiration may have to be performed many times, and pulmonary gymnastics should be practised. If the exudate be purulent the case should be transferred to the surgeon for thorough drainage. The second indication is to improve in every way possible the general nutrition of the patient, so as to favor conditions promoting the healing of the tuberculous process. No doubt, as in pulmonary and peritoneal
infection, many instances of tuberculosis of the pleura recover, and leave no more damage than that associated with slight thickening of the membrane. A life in the open air, regular habits and exercise, a nutritious diet, and the use of the remedies which promote in every way digestion and the assimilation of food, should be advised.—Transactions of the Massachusetts Medical Society, 1893.

THE PHYSIOLOGICAL ACTION OF QUINOLINE, ISOQUINOLINE, AND SOME OF THEIR DERIVATIVES.

Dr. Ralph Stockman, stating the fact that quinoline, isoquinoline, and certain of their derivatives have a number of isomeric alkaloids of nearly similar constitution, but having certain of their atoms or radicals differently placed in relation to each other, believed that it would be of interest to ascertain whether those slight differences in chemical constitution exert any appreciable influence on the physiological action of the bodies in question, more especially as a number of complex alkaloids (such as quinine, cinchonine, strychnine, morphine) are thought to be derived from quinolines, while recently it has been proved that others (such as hererine, narcotine, papaverine, and hydastine) are derived from isoquinolines. Quinoline ($C_9H_7N$) is a strong antiseptic and antipyretic, and depresses the central nervous system. Isoquinoline is isomeric with it, the only difference being that the atom of nitrogen occupies a different position. Experiments on frogs and rabbits showed no difference, either qualitative or quantitative, in the actions of the two substances (tartrates and methiodides). The physiological action of quinaldine ($\alpha$ methylquinoline), lepidine ($\gamma$-methylquinoline), $\alpha$-$\gamma$-dimethylquinoline, orthotoluquinoline, and paratoluquinoline, were also investigated. Tartrate of quinaldine has, in frogs and rabbits, an action similar to that of quinaldine or isoquinoline, but it is somewhat less active. The dimethylquinoline is still less active, and therefore it would appear that the substitution of methyl radicals for hydrogen atoms in quinoline weakens its depressing action on the nervous system. With the other substances observations were made on frogs only, the sulphates, which are fine white crystalline salts, being used. Their actions seemed similar in every respect to that of quinaldine. It is evident, therefore, that in the quinoline molecule the position of the nitrogen atom, or of the methyl radical does not exert any appreciable influence on the physiological action of these substances, and further, that the substitution of $CH_3$ for $H$ only slightly alters its action, and that only in degree and not in kind. It is improbable also that the derivation of a more complex alkaloid from quinoline or isoquinoline respectively, is in any way a factor which determines its action, seeing that these two substances have exactly similar reactions.—The Journal of Physiology, 1893, No. 3, p. 245.

THE INFLUENCE OF SALT-BATHS UPON THE NITROGENOUS EXCRETION IN MAN.

Dr. Rudolf Köstlin, from his very careful observations, has reached the following conclusions: 1. A simple warm bath of an hour’s duration is without influence in albuminous metabolism. 2. A 4 per cent. bath of Stassfurter bath-salt diminishes the nitrogenous excretion about fifteen to twenty grains.
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3. A 20 per cent. bath of Stassfurter salt acts as does the 4 per cent. 4. Cooking-salt baths, 4 per cent. as well as 20, are without influence on metabolism. 5. Warm mustard baths do not influence the albuminous metabolism. Stassfurter bath-salt contains chloride of soda, 19.5 per cent.; of potash, 24.1 per cent.; of magnesium, 38.7 per cent.; of calcium, 0.6 per cent.; and of sulphate of magnesia, 16.6 per cent.—Fortschritte der Medicin, 1893. Bd. xi, S. 727.

CLINICAL EXPERIENCE WITH Senna Cathartic Acid.

Dr. Karl Dehio notes that Kuhly has isolated a substance from senna leaves which he believes to be the active principle, and to which he has given the name of cathartic acid. As this substance is irregular and unreliable in its action, it seems fair to conclude that it is not a chemically pure body. Gensz has also isolated an active principle of senna leaves, to which the same name has been given, although it is not identical with that mentioned above. The latter is a brownish-yellow powder with difficulty soluble in cold, but readily in hot water, and of weakly acid reaction. Further investigation will determine if it is identical with the active principle of rhubarb and frangula. In dose of from one to three grains it produces, after five to seven hours, watery movements, sometimes accompanied by somewhat severe cutting abdominal pains, but usually it is of entirely painless action. The results of its use in twenty-one persons are recorded, generally in single dose and in the form of tablets. In general in healthy persons, with frequent and copious evacuations, considerable pain was observed, while in cases of simple constipation it found favor because it did not cause any very severe pain. The slower its action the less pain resulted. As the remedy does not have an unpleasant taste, rubbed up with sugar it will be readily taken by children. The dosage can be made more accurately than with other senna preparations. The more obstinate the constipation the milder appears to be the operation of this remedy, and in these cases this should he the cathartic to be chosen.

—St. Petersburger medicinische Wochenschrift, 1893, No. 27, S. 255.

REST IN THE TREATMENT OF CHLOROTIC ANAEMIA.

Dr. Frederick Taylor believes that the very important factor which has been too little regarded, or even ignored altogether, is physical or bodily rest. Arguments which are advanced are: an essential feature of the developed disease is a deficiency of haemoglobin in the blood. By saving the expenditure of haemoglobin the patient may utilize what little she has to greater effect, and sooner arrive at a favorable balance than if her income in food, in oxygen, and in iron were alone cared for while the expenditure in muscular exercise and the additional employment of the respiratory and cardiac functions were entirely neglected. If the heart is found to be dilated the argument is all the stronger, since this is a sufficient ground for requiring that physical rest shall be enjoined. It is a familiar fact that these cases improve rapidly when admitted to a hospital, although it cannot be urged that they are very much benefited by the air, food, or exercise which they get there. Iron should be given in the most suitable form, and a perfect action of the bowels should be maintained. Against fresh air nothing can be said so long as it does not involve exercise, either by walking or riding.
In slighter degrees of anæmia, or in one already recovering, carriage exercise may be allowed, while in the severer forms the patient may with advantage be kept in bed entirely—the most certain means of keeping a patient absolutely at rest. An intermediate prescription is that the patient shall get up only for three or four hours in the afternoon.—*The Practitioner*, 1893, No. 303, p. 161.

**Duboisin as a Remedy for Attacks of Hystero-epilepsy.**

Prof. Peter Alberioni, noting the recent communications concerning the sedative action of this remedy, has made use of it in three cases. The sulphate was used by injection in the dose of one one-hundred-and-sixtieth of a grain, although Samuely, in a case reported in this paper, has made use of the dose of one thirty-second of a grain. He concludes that it is a useful remedy for the purpose above mentioned.—*Therapeutische Monatshefte*, 1893, Heft 8, S. 409.

**Dermatol Dermatitis.**

Dr. Matheus has used dermatol in his practice often and successfully not only internally but also externally. Unpleasant complications he has observed in an ulcer of the leg when there was a marked inflammation of the surrounding skin. Usually the case goes on without any dermatitis, but recently he has observed three cases. He uses the remedy as a dusting powder morning and evening, the patient remaining in bed. The dermatitis appeared at the end of the first or the beginning of the second week, the skin which was involved was strongly reddened, felt hot to the touch, and secreted a large amount of watery fluid, and in one case was the cause of considerable disturbance of the general condition.—*Therapeutische Monatshefte*, 1893, Heft 8, S. 402.

**Lysol.**

Dr. C. B. Adams, from a series of laboratory experiments, is convinced of the powerful germicidal action of lysol, and believes that it is deserving of high rank, because—1. Of its power in weaker solutions as compared with carbolic acid. 2. It is but slightly, if at all poisonous to the system. Gerlach and Sugg showed by actual demonstration that carbolic acid was eight times, and creolin twice as poisonous as lysol. 3. It is the most easily soluble of all disinfectants. 4. It is reasonable in cost. 5. It is of great value as a deodorizer. In wounds its oily properties act as a soap, and thus it more deeply penetrates the tissues.—*Notes on New Remedies*, 1893, No. 3, p. 40.

Dr. E. P. Murdock believes that in the choice of an antiseptic—1, safety; 2, efficiency; 3, adaptability and ease of handling; 4, freedom from unpleasant results must be considered. He has used lysol in a number of cases of railroad injuries with perfect satisfaction; this, too, when the severe contusion, so common in these injuries, produced extensive alollaging. He reports two instances of its use. He has found this antiseptic to be safe, pleasant, and efficient. As compared with bichloride, it is its equal in efficiency, and it possesses the advantage of being free from toxic effects. Because of its anesthetic properties it is a most satisfactory dressing for burns.—*The American Therapist*, 1893, No. 3, p. 72.