she still improved, and on the 28th all movements had ceased. She then left the hospital, but was directed to take some steel mixture with her, thinking it might be of service, and not then interfering with the natural course of the disease.

CASE III.—Maria H., aged 8, came into the hospital with the last-named patient, and left about the same time. Three weeks ago choreal symptoms came on without an assignable cause. A slight systolic murmur existed. Jactitations considerable, so as to prevent her doing anything, although she did not keep her bed. She was a very intelligent child, but her father was a lunatic. She took no medicine, and in three weeks was quite well.

CASE IV.—Emily J., aged 14. She had been ill two years with attacks of chorea, and had been an out-patient twelve weeks, taking several remedies—as zinc, iron, &c., without benefit. She was advised to enter the hospital on January 12, 1859. She took syrup aurantii 3 ss., aq. 3 i. ter die, and at once began to improve. On February 1st she walked about, and was almost steady. In two more weeks she left well.

Several other cases of a similar nature might be mentioned, where the children recovered without the administration of any medicine. We remember two cases where colchicum was given, after strong recommendation, with good result; but probably the disease had only worn itself out.—*London Med. Times and Gazette.*

ON THE TREATMENT OF PLEURISY.

By PROFESSOR TROUSSEAU.

M. TROUSSEAU rarely employs bloodletting in the treatment of pleurisy; he scarcely ever cups, even at the commencement of the disease. As an antiphlogistic, he prefers calomel in minute doses, administered according to the method of Low, aconite and digitalis. A favorite mode of treatment in these circumstances is the following: calomel, a grain and a half; powdered sugar, a drachm and a half. To be carefully mixed and divided into twenty powders, of which one is to be taken every two hours. Tincture of aconite and tincture of digitalis, of each 15 drops; ordinary julep, 5 ounces. A tablespoonful to be taken every two hours. The pleuritic pain may be relieved by the application of a compress soaked in chloroform, or in a watery solution of opium. The part having been rubbed for five minutes, with the latter preparation, a moist rag is to be placed over it and covered with a piece of oiled silk.

When pleurisy is complicated with effusion, M. Trousseau has never recourse, in order to favor the absorption of the serous fluid, to blisters, so generally used in this state. Blisters, and especially large blisters, present several disadvantages; they cause great suffering, and are often the cause of ecthyma, abscesses, boils, carbuncles, erysipelas, and other severe accidents. Not long ago, there was

in the Hôtel Dieu a patient who had been treated outside on account of pleurisy, and who, as the result of a blister, presented two abscesses of the thoracic parietes, so situated that they at first appeared to communicate with the interior of the chest, or to be symptomatic of caries of a rib. They had, however, been produced by the application of a blister, and on being dressed in the usual way soon healed.

M. Trousseau's treatment of effusion varies according to its importance. If the amount is inconsiderable, he confines himself to the administration of digitalis in doses of ten or fifteen drops, of diuretic drinks, quiet, and a light diet. If the effusion is considerable and the pleurisy simple, he evacuates the fluid by means of thoracentesis. M. Trousseau does not allow himself, under these circumstances, to be guided by the degree of oppression. He has actually seen two women, affected with enormous pleuritic effusions, die suddenly, without having experienced the least dyspnœa. One of these patients was a nurse, at the twelfth day of pleurisy; she died while sleeping, and her countenance expressed the most perfect calm. M. Trousseau is inclined to share the opinion of Aran, who recommended that the operation should be practised as soon as the effusion had reached the fourth rib; in fact, in these circumstances he has never seen a bad result follow. However, he seldom operates until the fluid has reached the level of the clavicle.

The operation is very simple; the puncture is made in the fourth or fifth intercostal space. If there is no other means at hand to prevent the introduction of air into the pleura, the wide end of the canula is plunged into the fluid which is flowing out, and this latter is itself an obstacle to the entrance of air. Thus practised, thoracentesis has always excellent results when the effusion is on the left side, that is to say, when the pleurisy is simple; for Aran found, by clinical observations, that, ninety-five times in a hundred, pleurisy of the right side is secondary, being connected with tubercular disease of the lungs, while pleurisy of the left side is generally primary.

In the case of tubercular pleurisy with effusion, thoracentesis may be resorted to as a palliative, although necessarily with little chance of success. Topical applications are, however, often useful, particularly the repeated application of iodurated preparations, and especially of the alcoholic tincture of iodine.—*Edinburgh Medical Journal*, from *Journal de Médecine et de Chirurgie pratiques*.

THE CYSTICERCI OF TÆNIA IN MAN.

(Continued from page 118, vol. lxx.)

TRANSFORMATION OF CYSTICERCI INTO PROGLOTTIFEROUS TÆNIA.—The cysticerci of tænia become proglottiferous tænia (tape worms or strobiles), when, being swallowed by chance in any carnivorous animal, they escape mastication, and fasten themselves by their suckers and tenacula to the intestinal parietes.