We have seen that pericarditis is associated with many different constitutional disorders, it is manifest that no general directions of treatment can be prescribed, which shall be adapted to every case; for each case demands a particular consideration—a consideration founded, upon the nature of the exciting cause, or upon the relation of the pericarditis to the constitutional affection; and secondly, upon the age, constitution, and condition in life of the patient. These are the data upon which additional treatment must be based.

It follows necessarily from this, that the treatment which may be proper in one case, is most unfitted for another case; and, therefore, that in different cases, different and probably different methods of treatment become necessary, and that no general propositions can be arrived at.

We have already seen, when describing the causes of pericarditis, that it was necessary to divide the disease into two great classes, rheumatic and non-rheumatic, in accordance with what has been there advanced, I shall consider the treatment of the disease under these two separate heads.

The first sort, the rheumatic pericarditis, includes generally all the most acute forms of the disease. In such, the local inflammation itself becomes the chief centre towards which the treatment is especially directed; for it is this local inflammation which immediately tends to the destruction of life, and in the manner I have already described. The local character of the inflammation, therefore, and the consequences resulting from it, are the characteristics of rheumatic pericarditis,—its prominent features. The same cause which brings out the pericarditis, is, perhaps, the use of material; and it may be the cause of other local inflammations; but all such other co-existing and localised affections, are of diminished importance in comparison with the pericardial affection. Once the pericarditis has declared itself, it becomes the principal object of our treatment; the others are but secondary and subordinate objects.

On the other hand, in the non-rheumatic form of pericarditis, the local inflammation is rarely of other than secondary importance; its symptoms are oftentimes so little marked, so obscure, and produce, by their reaction, so little disturbance of the constitution, that the existence of the inflammation may altogether escape our observation, if we do not carefully look for and anticipate. Where non-rheumatic pericarditis occurs, death very generally ensues, but it is not the pericarditic inflammation, which is the chief destroyer of life in such cases. Although the local inflammation is ten times more severe in the rheumatic form of pericarditis, death is an exceptional result, whilst here in the non-rheumatic form it is the rule; and when we seek a clue to elucidate this apparent discrepancy, we find it at once in the different nature of the malady with which the inflammations are associated. Acute rheumatism is not, per se, a fatal malady: but uremia is, and so are very generally those forms of erysipelas, of tuberculosis, of scariats, of typhus, of pneumonia, of pulmonary oedema, which non-rheumatic pericarditis appears, and which are erroneously said to be its causes.

Speaking generally, the treatment in accordance with the foregoing remarks, I may say: That the treatment of the non-rheumatic form of pericarditis is the treatment of that particular general affection, with which it happens to be associated; and that the treatment, therefore, has quite a secondary reference to the particular local inflammation. Such is the rule; but of course it has its exceptions: for we now and then, though very rarely, meet with cases of non-rheumatic pericarditis, in which the local inflammation takes on such a form as to become a very prominent part of the disorder.

On the other hand, in the case of rheumatic pericarditis, we have to treat both the general disorder and the local inflammation. The diagnostic nature of the disease indicates, that the general treatment should be mainly the treatment of acute rheumatism. And the local inflammation demands the use of local remedies; its peculiar seat,—its immediate relation to the heart,—inducing, besides, such important considerations in this respect. It is to the acute inflammation, therefore, as we find it especially typified in rheumatic pericarditis, that the following remarks on its treatment apply.

Bleeding, in the treatment of pericarditis, is not only dangerous, but very highly extolled; at the present moment, however, its practice is generally abandoned in this country. That its value, as a remedial agent, has been overstated by Bouillant and many other admirers of the practice, is now by every one who really understands nature, we should at least be cautious in localising the disease in the existing and perhaps accidental derangements of parts.
recommends blood-letting, it can only be practised with his consent, at a time, to an extent, and under circumstances when obviously it is least likely to do harm."

A better pathology and a truer method of observation have forced upon the physician, during the last few years, a conviction of the injurious effects of large venesections upon the progress of the inflammation. The inflammation is a disease of weakness. It is a condition, which, in reference to health, is an asthenic condition. Heat, redness, and increased vascularity are no more signs of a rheumatic condition, than is the hypertrophy of the glands a sign of the inbred vigor of the nerve force. There are, indeed, few physicians at the present time who resort to venesection in the cure of pericarditis with the hope of arresting the inflammation; and even they who still follow this practice of former days, in the treatment of acute internal inflammations, admit that it is only during the very early periods of the pericardial inflammation, and in patients of strong and robust constitutions, that venesection is of service. That a moderate bleeding may be practised with impunity, under such conditions, there is little doubt; and that it often gives temporary relief to the sufferings of the patient, and reduces the congestion of the heart and lungs, is certainly true; but that such a bleeding has any other beneficial effect or any direct influence over the progress of the inflammation has yet to be proved.

The great good effects of such venesection are so doubtful, its evil consequences, when it is practised without reference to the conditions specified, are to the eye of modern medicine certain and manifest. We must recoil, that we have to do with a disease which attacks for the most part those of what feeble constitution; and that rheumatic pericarditis occurs exceptionally only in persons of robust constitution; and that there are, moreover, peculiar circumstances connected with pericarditis, which oblige us to be especially cautious in the ab- straction of blood. We must keep in mind the fact, that an organ is involved in this inflammation, the constant performance of whose functions is indispensable to life; and that one of the most important parts of the inflammation proper and its profuse effusions, is to induce a paralysed condition of the muscular structure of the heart, and thus to endanger the integrity of its action; that in pericarditis, the reaction of depression, consequent upon the excitement, is great, and sets in early; and that it is in those cases in which the inflammation appears most violent at the onset, that we are most cautiously to watch for and to expect the greatest amount of subsequent depression. Moreover, it is certain that bleeding will not arrest the exhaustion; but on the contrary it appears, in certain states of the body, to hasten and increase the amount both of the solid and fluid parts of the exudation. There is another danger, also, which is possibly incurred by the bleeding. Enchondritis, as we have said, is very commonly associated with the pericarditis, and under such circumstances bleeding, by promoting the tendency in the blood to the deposition of its fibrinous particles, increases the danger of the most important effect of peripheral; that is, the impregnation of the fluid exudation by fibrino, through the deposition of fibrin upon them. Dr. Todd, again, has a remark well worthy of note under this head. He says, in his lectures on Venereal Diseases, p. 412: "I am inclined to think, and I am sure you will not disagree with me, that an active antiphlogistic treatment creates asthenia—asthenia gives to both rheumatic fever and gout what I may call the shifting character, which in both diseases is most perilous; when you find this shifting tendency, depend upon it that the asthenic condition of the patient is that which demands your earliest attention."

"In this case of acute rheumatism," he says again at p. 12, "the loss of large quantities of blood from hematuria at an early period of the disease, has not sufficed to keep off a serious attack of pericarditis, nor has it saved the patient from swollen and exquisitely painful joints. On the contrary, the arthritis, as well as the cardiac symptoms, have been much less tractable than usual.

It is to be understood, however, that in thus speaking of blood-letting, I am referring to large venesections, and of those only which are made upon the inflammation only. That small bleedings are often of very great service in relieving the congestions of the heart and lungs, which so often arise as consequences of and coincidently with the pericarditis, is, I think, an unblurred fact. The spoken or spoken of action of venesection; and if the conclusions* there arrived at are correct, it follows that, in the treatment of chronic and acute cardiae, as well as in certain other acute diseases, moderate venesection is of the greatest service, and, at the present moment, less frequently reported to have been satisfactory than it has been seen life preserved by this timely abstraction of blood in cases of chronic vesicural diseases of the heart, where the organ was so overworked and laboured as to render death imminent.

As regards the local abstraction of blood, there can, in my opinion, be no doubt as to the propriety of applying a few leeches to the precordial region, for the abstraction of blood by cupping, in pericarditis, from that part, whenever there is much pain in the neighbourhood of the heart. The relief which a few leeches, thus applied, often give, is very striking; and it has been explained by the fact that they draw the blood directly, or divert it, from the seat of the inflammation which causes the pain. Severe pericarditis, it must be remembered, is invariably accompanied by inflammation of the pleura which lies close against the local pleurisy is, I believe, very frequently the chief cause of the pain which is felt in the course of the pericarditis. And it certainly is not unfair to assume, when (as frequently happens in the examination of the symptoms of pericarditis) there is an absence of pain at the precordial region, that there is also an absence of the pleurisy."

Caution, however, is requisite even in the local abstraction of blood, as the disease is very likely to be associated with a local pericarditis, and in the case of the pleura's have been previously undergone venesection, or is in an anemic or enfeebled condition of body. Even a few leeches, under such circumstances, appear sometimes to produce alarming results. I have seen a hypochondriform, in whom it was decided to apply the extraction of eight or ten leeches, in a case of acute pericarditis, where bleeding was considered inadmissible; and I have also witnessed fatal choral symptoms closely follow the abstraction of a few leeches in a child who was suffering from the same affection; and in both cases I was compelled, in reason, to associate the effects of the leeches with the immediate results which followed their application.}

It has been supposed that leeches applied to the inflamed joints, may reduce the pericardial inflammation; but of this the proofs are altogether wanting. Whether there really is any connexion between the severity of the arthritic and the severity of the pericardial inflammation, is still matter of doubt. The influence which the one exercises over the other has yet to be determined. There can, however, be no objection to the application of one or two leeches to the inflamed joint while the arthritic point in question is very likely to give relief to the heart, that I cannot doubt its propriety, if judiciously made use of.

Whether leeches or cupping be most adapted for the local abstraction of blood, has been made matter of dispute; cupping is, occasionally, in pericarditis a very painful operation, but it has the advantage, when skillfully performed, of more quickly diseases, and of all disorders which occasion congestion and oppression of the heart.

The case of the venesection is in all cases alike. It acts by relieving the cardiac oppression; it neither arrests nor modifies beneficially inflammation. (Remarks on the Uses of Bleeding in Disease.—BRITISH MEDICAL JOURNAL.)

* The distribution of the blood-vessels here enables us to explain the results of the beneficial influence of the local abstraction of blood. The local abstraction of blood, the inflamed pericardial region, causes the blood to flow away from the heart, and the inflamed pleura is, in the act of forcing it away, and thereby to divert the current of blood, from the part. There is, consequently, a marked condition of the blood-vessels in the part, and consequently a prompt absorption of the fluid of the exudation, and an increase of the blood supply of the part. This is the most characteristic of its phenomena. But local abstraction of blood can only modify, in this way, the inflammation of internal parts, when there is present the intense congestion of the part; when the condition of the parts is very much favored, the abstraction of blood is taken.

In case of the child, violent choral symptoms so immediately followed the application of two leeches to the temples, as to leave no reason to doubt it was due to the fact of their having been two choral symptoms. And in the other case, I well remember the remark of the gentlemen who insisted on their application: "That they could do no harm, if they did good."
obtaining the object sought than leeches, and of less worrying and
fatiguing the patient; and less exposes him to the chances of being
chilled by exposure to the air. Moreover, it is not nearly so
frequently objectionable in females, and few persons have the
knack of performing the operation quickly and effectually; leeches,
therefore, will as a rule be the means used to draw blood from
the pericardial region! but later and more extended experience has not corroborated
the opinion.† The practice, indeed, may be said to be gene-
really abandoned at the present moment. The careful observa-
ations made by Dr. John Taylor would seem to indicate the wrongs
than intuîtion of the induction of salivation in pericarditis.

"The best evidence," as Dr. Bennett says, "on this subject is
to be derived from an analysis of the forty cases of acute rheumatic pericarditis by that gentleman, in which mercurial
ptyalism was produced, and with the following results:—1. Ptyalism was not followed by any abatement of the pericarditis in
any case. 2 In one case, ptyalism was followed by no change.
3. In two cases, ptyalism was followed by a diminution, and then gradual cessation, of pericardial pain. 4. In one case, pericardial
murmur had been diminishing for some weeks before the ptyalism was pro-
duced. 5. In one case, pericarditis and pneumonia both in-
creased in extent and intensity after ptyalism. 6. In four cases, pneumonia superseded the establishment of, and therefore concealed by, ptyalism. Was it cause or consequence?
7. In three cases, endocarditis supervened after ptyalism. 8. In
six cases, ptyalism was followed by pericarditis. 9. In one case, ptyalism could not be produced, and yet the pericarditis
went on favorably. 10. In two cases, ptyalism was followed by
extensive pleuritis. 11. In one case, ptyalism was followed by erysipelas and inflammation of the larynx. 12. In two
cases, rheumatism continued long after ptyalism was produced;†
Thus, out of the forty cases, only four can be said to have im-
proved after the mercurial action was established, and in these
there can be little doubt that the improvement was purely a
matter of coincidence. Indeed, I have often observed in hos-
pital cases, that when mercury has been said to be most suc-
cessful, its physiological action has been established just about
the time when, during the natural progress of the disease, the
friction or blowing murmur may be expected to cease." (Ben-
nett's Principles of Medicine, p. 529.)

The conclusions to which Dr. Taylor was led by these ob-
ervations have been so fully confirmed by subsequent investi-
gations, that the inefficacy of the practice of inducing saliva-
tion in cases of acute pericarditis may now be considered as
an admitted fact in therapeutics.

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† It might, perhaps, not be out of place here to insert a word of caution to the student in respect to the management of the physical examination of
the patient. I believe there is no case, in which physical diagnosis is
required, where more gentleness and tenderness should be employed in its
practice than in the case of acute pericarditis. The severe sufferings of the
patient; and the nature of the disease forbid all needless exposure of his
person, and all manipulations which are not absolutely necessary for the
satisfaction of the diagnosis. I cannot doubt, that the excitement, and the
palpitation of the heart, which frequent examination necessarily involves,
are often very prejudicial to the patient; and particularly in the instance of
young and nervous females, who seem, among the lower classes, to be espe-
cially liable to the inflammation, and in its most acute forms.

It is, therefore, of the utmost importance, that a simple method of treatment should be
adopted some years ago in acute pericarditis:—"Of one thing, I
am certain, that inflammation of the pericardium in a person of tolerably
good health, which frequently occurs after laborious work, and unre-
quity, should be removed in a few hours. Apply the opiate, or the
opium to the axille, smear it over the inside of the thighs; make your patient
rise in every thing as a state of vibration, the windows rattled, and
the nurses were fain to fly in terror from the house. The
poor creature was about four days arriving at this state; the
pulse was by this time running, the dejections passing in
voluntary action, the whole surface bathed in sweat, the tongue
and teeth now brown and covered with sordes, and so my poor
patient sank.

It was at first difficult to pronounce upon the pathology
of this unexpected case, but the brown tongue and sordes,
coupled with the fact that one of Mrs. M.'s little girls was
suffering from low fever at the time of her accommodation,
furnished the key to the mystery. There is little doubt that the fever-poison was here absorbed, probably soon
after delivery, and the convulsions under which the patient sank
were occasioned by its maturation and nature's efforts at ex-
termination.

The next case, though altogether dissimilar, so far as
sorted to that other prime (so-called) antipathetic remedy, bleeding.

It is a fact that in the case of Convulsion, that mercury is com-
plicated, seems appear to be the general opinion of his countrymen.

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TWO CASES OF CONTINUED FEVER OCCURRING IN
THE PUERPERAL PERIOD, SEVERELY
SIMULATING PUERPERAL CONVULSIONS AND
FEVER.

By E. Gainaway, Esq., Faversham.

[Read before the East Kent and Canterbury Medical Society.]