

easily understood that by unduly weakening the patient they might do much more harm than good.


When, however, suppurative Pericarditis is present, that is to say, when the cavity is full of pus, the treatment becomes almost more surgical than medical; because the pericardium has to be treated as an abscess, and opened and drained as any other abscess would be. Formerly, this disease was much more fatal than it is at present; partly, because its exact nature was not understood, and partly because the need of surgical treatment at an early period in the case was not recognised. In many cases of lymph effusion, the fluid is completely absorbed; in others, in which the membrane appears to have lost its power of re-absorption, and the fluid persists, the operation of "tapping" is usually performed, the fluid being drawn off by a fine trocar into a bottle exhausted of air, so that no germs can obtain access to the pericardial cavity; and this operation also is frequently followed by the complete recovery of the patient.

A practical point for the nurse to remember is that the removal of fluid from the pericardium, whether this be pus or lymph, whether it be removed by free incision or merely by an aspirating trocar, involves a more or less sudden interference with the action of the Heart. As the operation is only performed in cases which are more or less chronic in character, that is to say, in which the fluid has persisted for some time, and in which, therefore, the organ has become more or less habituated to the unusual pressure exerted upon its surface, the sudden and rapid removal of the compressing fluid, naturally causes disturbance of its movements. It may be that more or less violent palpitation is experienced, for which the doctor will employ an appropriate drug; but, more frequently, the effect produced is a temporary increase of weakness and irregularity of the heart's action, with syncope and in some cases sudden death. The nurse should therefore have two or three ounces of brandy already measured out, so that some may be given the moment the doctor considers that the patient requires a stimulant. The delay of a minute or two in hunting for the alcohol, drawing the cork, and pouring out the spirit, may just make all the difference between life and death to the patient in such cases. It is also useful to have a hot water bottle ready to apply to the feet, and an extra blanket ready to place over the patient in case the signs of collapse are at all pronounced.

(To be continued.)

Medical Matters.

ECZEMA.



MR. J. F. SCHAMBERG, in an American contemporary, has recently discussed the treatment of eczema. He considers it forms one-third of all skin affections, and is of the greatest importance on account of the protean character of its manifestations. He very rightly says there are no specifics in the treatment of eczema. Internal treatment must be based on broad general principles. Among the internal causes of eczema, he enumerates disorders of the alimentary canal (including constipation, dyspepsia and auto-intoxications) functional organic nerve affections, rheumatism, the uric-acid diathesis, Bright's disease, diabetes, diseases of the uterus and appendages, scrofula, dentition, etc. When of local origin, eczema is the result of the continued action of an irritant, either chemical, thermal or mechanical. He very rightly dwells on the importance of keeping the bowels in proper order, and the employment of free catharsis in the commencement of the treatment of acute cases. In the treatment of acute and sub-acute cases, he advises the administration of salines, such as acetate, citrate, and bicarbonate of potassium, in ten to twenty minim doses, given half-an-hour before meals. With regard to the ever-recurring question as to the use of arsenic in cases of eczema, his remarks are very practical. He says: "Arsenic has but a limited field of usefulness in the treatment of eczema. It is of most value in the chronic papular and squamous varieties, and the recurrent vesicular eczemas involving the fingers. It is contra-indicated in acute eczema and whenever the degree of inflammation is high. In strumous individuals with glandular enlargements, cod-liver oil is a remedy of the greatest efficacy." The local treatment of eczema he discusses somewhat fully. In acute and sub-acute cases, he condemns the use of soap, while in indolent chronic cases he considers soap and water possess therapeutic value. Where crusts are not easily removed by oil, he recommends luke-warm starch or linseed poultices (presumably medicated). Pastes and ointments should be removed by means of oily and unguenatous substances. At the onset of vesicular eczema he recommends one of the following dusting

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