ESSEX AND COLCHESTER HOSPITAL.

CLINICAL OBSERVATIONS ON A CASE OF SUBACUTE PNEUMONIA OF THE UPPER LOBE OF THE RIGHT LUNG.

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SUMMARY:—*Symptoms of Hepatisation of the Upper Lobe of the Right Lung; great Constitutional Depression; subsequent Affection of the Upper Part of the Left Lung; Recovery.*

History. Mary Underwood, aged 23 years, a domestic servant, had, up to a fortnight ago, enjoyed good health. Her work had not been severe, she had been well fed and lodged, and had lived in a very healthy locality. The menstrual function was regular; she had had good spirits and strength, and there was no evidence of previous disease, hereditary taint, or of severe exposure to cold. Late in March 1855 she took cold, and had slight shiverings and the usual accompaniments of catarrh. A few days elapsed and the cold increased and became complicated by cough; she began to be languid and low spirited, and felt worse than her symptoms appeared to admit of. Her mistress gave her some simples; but day after day the cough increased, and although the expectoration was always clear and scanty, her physical power became singularly depressed. On the 11th of April, the prostration became alarming, and she was sent into the hospital on the following day.

Present condition. She is a well made young woman, with dark hair and eyes, the latter being singularly lustreless; she has no appearance of struma or of any cachexia. Her expression denotes great mental and physical prostration. The eyes are sunken and dull; the face is pallid and readily perspiring; the lips are bloodless, and she speaks as if she were out of breath. Dyspnoea becomes urgent upon the slightest exertion; the cough is occasional, but not paroxysmal, and the expectoration is scanty, clear, tenacious, and simply mucoid. She appears to hear unready, and to answer as if it were a trouble to speak, and she is desirous of quiet. She complains of a sense of oppression over the front of the chest, of no pain in her chest, but of sleeplessness and of great anxiety. The bowels are open; pulse 96, with more impulse than might have been anticipated. Urine scanty, and high coloured; contains amorphous lithates.

Examination of the Chest. The chest is well formed. Both sides expand equally below; but the antero-posterior expansion beneath the right clavicle is less than that of the opposite side. The difference is slight, but evident, yet there is a certain amount of expansion upon the right side. Percussion produces a clear and full sound over the whole chest, except in the sub-clavicular and supra-mammary regions of the right side. There the sound is dull, and the sense of resistance to the percussing finger is considerable. Over the seat of this dull sound, the stethoscope distinguishes a loud, dry, tubular breath sound, but no crepitant rale or vesicular murmur. The vesicular murmur is audible everywhere else, and is not rude under the left clavicle. There is no friction-sound. The voice is jarring to the ear when the stethoscope is applied over the seat of the dullness, and its thrill is perceptible to the hand; but elsewhere the sound of the voice is weak, and the vibratile thrill is indistinct. This bronchophony over the right side is decided, but "buzzing;" the words uttered cannot be distinguished unless articulated with care. The heart and liver are apparently healthy.

The patient's state prevented any calculation of the relative frequency between the pulse and the respiration.

Diagnosis. The loss of perfect expansion, the dullness on percussion, the tubular breath-sound replacing the vesicular murmur, and the increased vocal resonance on the upper part of the right side of the chest, indicated the presence of an adventitious deposit in the cellular structure of the upper lobe of the right lung. There had been

no rusty expectoration, and the disease had progressed beyond the stage when crepitation could be heard. There had been no emaciation before the attack, and all the evidence was in favour of a previous good state of health. Suspicious of tubercular deposit on a grand scale, or of hepatisation around scattered miliary tubercles, could not be avoided; yet the evidence was in favour of the existence of simple hepatisation from pneumonia of a mild form. I have noticed, in more than one case of pneumonia affecting the upper part of a lung, great nervous depression and anxiety, although I have never met with a case where the rusty expectoration was wanting. The absence of rusty expectoration in pneumonia affecting the lower lobes is frequently noticed in this locality, as is also the total absence of all expectoration. There was no kidney disease; and the motions, as far as could be learned, were not deficient in colour.

I preferred to treat the case as one of subacute pneumonia of the upper lobe, which had reached the stage of perfect red hepatisation; the constitutional debility, and the sleeplessness, contraindicated depletion; and purulent softening of the effused lymph was more to be feared than an access of fresh hyperæmia.

April 12th, 1855. I ordered her to be kept warm in bed; to have a blister applied to the right supra-mammary region; and to have salines, milk diet, and five grains of Dover's powder every night.

April 13th. She has had no sleep, and is much the same. The blister has risen well. Pergat.

April 14th. She has had some sleep, but since the morning her cough has increased, and the dyspnoea is urgent. The expectoration is still colourless. Pulse 100. The bowels have been open once. The blister was very sore on the right side, and on the left I could detect that the breathing was less purely vesicular than it had been; there was, moreover, a certain amount of tubular breathing. She was very weak; and I accounted for these symptoms by the unusual attempts she made to draw her breath. But on the next day it became evident that the left side of the chest (upper part) was duller than it had been, and that the tubular breath sound had increased in intensity. There were, however, no crepitant râles, and they were most carefully listened for. Her state was much the same. The salines and Dover's powder were continued.

April 15th. She is much the same; has slept. The left side is dull, the right too sore to examine. Pergat.

April 16th. She looks better; the dyspnoea is less urgent. The dullness on percussion over the right affected region is very slight; the vesicular murmur is audible, and there is less tubular sound. On the left side the dullness has increased. Pulse 100. Bowels confined.

Sumat pilulæ hydrargyri gr. iij hac nocte; et ol. ricini ʒss cras mane. Continue the salines and Dover's powder.

April 18th. She is better in every respect. Her anxiety of expression is less; there is no dyspnoea; her cough is less; no expectoration; pulse 96. The vesicular murmur is audible over the right side, and the dullness is much less. On the left side the disease appears to be stationary.

April 20th. She is improving; her appetite returning. A slight addition was made to her diet.

April 23rd. The right side is as in health; the left side less dull, and the breathing less tubular. No *rhonchus crepitans redux* can be heard. The rapid constitutional amendment determined me to change the treatment. A blister was applied to the left side.

Sumat olei jecoris ʒj 4tis horis.

The salines and Dover's powder were omitted.

April 25th. She has left her bed. The bowels are confined. The oil was continued, and she was ordered to take ten grains of compound rhubarb pill every night.

From this day, until the 21st of May, I was constantly in the habit of examining her chest, and the gradual replacement of the tubular breath sound by the soft vesicular murmur was most marked; yet there was no crepitant rale. She recovered gradually and perfectly, taking the cod oil for two months, and then some compound iron pills. She is in perfect health, and in service.

REMARKS. The absence of crepitant râles is very curious, considering the vast number of air-cells implicated and filled with lymph. What became of this after its usual cell transformation? The simplicity of the treatment appeared to be leaning too much to the *vis medicatrix*; but with certain misgivings, on the score of tuberculosis, I preferred not giving a course of mercury. The relief obtained by the Dover's powder was most marked.

BRISTOL ROYAL INFIRMARY.

INTESTINAL OBSTRUCTION, WITH SLOUGHING OF THE RECTUM, AND TETANUS.

By F. BRITTAN, M.D., Physician to the Infirmary.

CASE. E. M., a female servant, was admitted on the evening of the 1st of March, with the following history.

She is a single woman, 28 years of age, and has always enjoyed excellent health; in fact, never had any ailment until five weeks since; she then began to feel ill, with pain in the bowels and flatulence; her spirits became depressed; she felt languid and sleepy, and lost her appetite. A fortnight ago, she became unable to do her work, and suffered from slight diarrhoea, which ceased seven days since, and from that time she has had no relief from the bowels at all. She has been under treatment for a few days, and has had several enemata administered. She is a strong, healthy-looking woman. The abdomen is large, full, and tense, but not very tender—tympanitic, especially over the colon. There is no appearance or indication of hernia; the urine passes freely; her tongue is dry and black; pulse 130; expression rather excited and anxious. She complains of pain in the bowels, with "rumbling and rattling like water", and feels sick. She was ordered—

R Hydrargyri chloridi gr. v; extracti colocynth. comp. gr. x. Ft. pilul. statim sumendæ.

She was also ordered to have some of *mistura acidi hydrocyanici c. potassæ*.

March 2nd. I ordered her a warm bath, with an enema of colocynth pulp, to be administered immediately on leaving it; and in the evening she had another enema of an ounce of ox-gall in a pint of gruel. These had no effect, but seemed to pass freely.

March 3rd. She had a drop of croton oil, repeated in six hours, with an opium pill in the intervals.

March 4th. There has been no relief; pain severe across the bowels. She vomits stercoraceous matter. O'Beirn's tube was introduced by Mr. Green, but did not pass above eight or nine inches, and was not followed by any result. She was then ordered—

R Pil. aloes c. sap. gr. iij; opii gr. ½. M. Ft. pilula 4tis horis sumendæ.

Three hours after taking the first pill, the bowels were freely moved, an immense quantity coming away.

March 6th. The bowels have not been moved since the 4th. She is much relieved, but rather hot and feverish. She was ordered to have the antimonial laxative mixture.

March 9th. She is much better, but complains of swelling and soreness about the anus, with offensive discharge. On examination by Mr. Green, the anterior and lateral parts of the anus and rectum were found to be covered by a large slough, the sphincter being destroyed, and the anus looking like a chasm of phagedænic ulceration. She complains also of flatulence. I ordered a mixture of rhubarb and magnesia in mint water, a chloride of lime lotion, and a carrot poultice.

March 12th. She was transferred to the care of Mr. Green, in a surgical ward. A large slough has been removed from the anus. She mentions a sense of stiffness round the neck and jaws, and her bowels are too relaxed.

R Tincturæ opii ℥xxx; aquæ ʒj. M. Fiat haustus statim sumendus.

March 13th. The stiffness is much increased; the jaws are more closed, and the legs rigid and immovable, with twitch-

ing pains in the lips, neck, and jaws. She was ordered to have the opium draught repeated. She took also—

R Tincturæ cannabis Indicæ ℥xx; quinae disulphatis gr. iij. M. Sumatur statim.

March 14th. Neck very stiff; jaws closed; countenance peculiar, from a sort of painful smile. She is unable to protrude the tip of the tongue, has twitching pain about the anus, and difficulty in swallowing; the abdomen is hard; the face flushed; pulse 132. She is covered with a profuse perspiration.

R Tincturæ cannabis Indicæ ℥x; quinae disulphatis gr. iij. Sumatur quartâ quaque parte horæ.

A pint of wine and a quart of extra beef-tea were ordered to be given daily.

March 15th. She has not slept; pains very severe round the buttocks and thighs; pupils sluggish; perspiration profuse; pulse 128, feeble; able to speak better.

3 P.M. She has had a slight evacuation since yesterday. Since 1 o'clock the spasms have become more violent every ten minutes about the mouth, neck, eyes, and lower extremities. Perspiration profuse and clammy; looks pale; pupils dilated; pulse 120. From this time she gradually sank, and died on the 18th.

POST MORTEM EXAMINATION. Body large and fat. There was nothing abnormal in the appearance of the brain or spinal chord, excepting that air seemed diffused beneath the arachnoid, as if gas had been given off by decomposition, although the body was examined early after death. A large wound was seen at the anus, running into the cellular tissue around the rectum. On opening the abdomen, the omentum was seen covering the intestines, studded all over and thickly with little nodules, from the size of a shot to that of a marble, which proved to be cancer. At the base of the omentum, about the colon, were collections of similar cancerous masses, which had caused thickening around the intestine, sufficient, in two places, about three inches apart, to greatly narrow its calibre, so much so, that the point of the little finger could hardly be introduced. The pancreas was sound, but three or four nodules were seen in the liver and in the lungs. The abdominal surface of the right half of the diaphragm was also covered with patches of cancer, whilst the corresponding thoracic side was coated with rough warty looking deposits of lymph, corresponding to the patches of cancer on the other side. On looking into the pelvis, the cause of the previously inexplicable sloughing about the anus was discovered. The intestines were matted together about the uterus, of dark colour, and congested appearance. The colon, as it passed into the pelvis, made two or three short turns, being bound up in a mass with small intestine and the uterus and ovaries by cancerous deposit, which, in one place, so narrowed the calibre of the gut in a short turn, that it was almost closed; the contents of the pelvis, in fact, were matted together by cancer, nearly enclosing the rectum. The sloughing had not opened the rectum, except at the anus, and the vagina was intact. The uterus was sound, but the ovaries were cancerous; the main loss of substance had been in the anus itself, and in the cellular tissue around the rectum. This mass about the rectum was soft and pulsatious, that in the nodules of the omentum and lungs also; and on examination by the microscope, all yielded most characteristic appearances of cancer, and, in the cellular structure, the compound nature of the cells, and their peculiar irregularity of shape and size; in fact, I have seldom met with better examples of the so-called malignant cell forms.

REMARKS. I have reported this case thus fully, believing it to offer many points of interest. As regards the diagnosis, the absence of any intense vomiting, the pain across the abdomen, and tympanitic state, led to the conclusion that the obstruction, of whatever nature it might be, was in the descending colon. The previous history and present condition failed to supply any indication of its cause or nature; but, coupled with her age, these would have tended to negative the supposition of malignant disease. I