ORIGINAL COMMUNICATIONS.

CASES OF EMPYEMA OPENING THROUGH THE BRONCHI:

WITH OBSERVATIONS ON THE CHARACTER OF THE PLEURO-PNEUMONIA WHICH HAS RECENTLY PREVAILED.

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CASE I. EMPYEMA OPENING BY THE BRONCHI. RECOVERY. M. T. a gentleman, *æt.* 52, of large frame, active mind, feeble circulation, and who had for some years been the subject of frequent bronchitic attacks, was suddenly seized, after standing in a draught, with severe stabbing pain, running though from the angle of the scapula to the anterior of the chest. This was followed by feverishness, an aggravation, as he supposed, of his usual cough, difficulty of breathing, and muscular pains of the trunk and limbs.

May 13th. I saw him, with my colleague, Mr. Solly, a few days subsequently. He was then suffering still from pain of side, aggravated by motion; cough, attended by mucous expectoration more or less sanguineous and tough; a hot skin and frequent pulse, furred tongue, and much restlessness. Mercury had been given by the mouth, and had also been rubbed in, and counter-irritation efficiently employed. On examining the chest, I found some dullness on the left side posteriorly, with muco-crepitant rhonchus, and over the chest generally some mucous rhonchi. Percussion was painful, and his decubitus was dorsal, leaning to the right side. He was cupped to *3viiij*, and a large poultice applied to the chest. The mercury had but slightly, if at all, affected the gums, but was irritating the bowels. He was ordered a saline mixture, and a little Dover's powder night and morning. The following day we found him relieved, but there was more marked dullness below the angle of the left scapula, with bronchial breathing, and more small crepitation in the immediate vicinity. He was again cupped to *3vj*, and the poultices continued. Although his pain was greatly relieved, and he breathed without much difficulty, he had much restlessness, and passed wretched nights—the cough being troublesome, and the expectoration more or less pneumonic, but never copious. The dullness on percussion now rapidly extended, and soon occupied the whole of the left side, spreading quickly over the anterior of the chest. The bronchial respiration and augmented vocal resonance were, however, confined to the region about the angle of the left scapula. The sputa soon lost all trace of sanguineous admixture—were extremely moderate in quantity, and of a simple catarrhal character. The dullness gradually disappeared from the anterior of the chest, but continued in the lateral region and posteriorly. Respiration became everywhere audible, but laterally and posteriorly was feeble and distant. There was not much difference in the vocal fremitus of the two sides. His general condition improved, to a certain point, when he ceased to make progress—he was put out of breath on going up and down stairs to the carriage to take his ride, and his pulse continued quick and irritable, his tongue somewhat furred in the centre, but his appetite was moderately good, and he had absolutely no cough. He was annoyed by frequent examinations of the chest, repeatedly saying, "I am sure it is all right there"; and, "I am satisfied that you have effectively cured the inflammation"—"there is nothing in the world the matter with my chest," and so on. But on close questioning he would admit, that, especially in certain positions, he had a measure of discomfort or uneasiness about the situation of the angle of the scapula, and deep-seated. Being a man of great acquirements in almost every department of knowledge, he evinced his anatomical and medical knowledge by accounting for this uneasiness, which he attributed to adhesion, the result of the inflammation, etc. Although neither Mr. Solly nor myself were at all satisfied with his condition, yet

after waiting some weeks in vain, with the hope of finding his circulation become more tranquil, and the tongue and appetite improve, we agreed that change of air would probably do more for him than aught else. He accordingly went down to the sea-side, and bore the journey well.

Two days after his arrival at the sea-side, whilst dressing, he was suddenly seized with a violent fit of coughing, and vomited an enormous quantity of pus, by which he was well nigh suffocated, and made very faint. When seen by a medical gentleman in the neighbourhood, he was bathed in a profuse perspiration, pale, with a scarcely perceptible pulse, cold extremities, and still coughing violently, and bringing up large quantities of pus. The amount evacuated could not be accurately estimated, as much was, at the moment of seizure, lost on the floor; but from two to three pints, at least, must have been discharged within a few hours of the seizure. Wine and ammonia rallied him, but the cough continued all that day and night to a most distressing degree, and was attended by copious expectoration. The succeeding morning I had a telegraphic message to go to him immediately. I found him tranquil—breathing calmly, though rather quick—his countenance expressive of exhaustion, but not much anxiety—the skin sweating, and the pulse rapid, soft, and tolerably steady. He was able to take nutriment, and enjoyed both the beef-tea and claret wine which were allowed him. The cough, however, was constant and distressing, from the exhaustion which it occasioned, but was clearly the result merely of the effort of nature to complete the evacuation of pus, of which he continued to expectorate a considerable quantity. At this time, I did not think it desirable to make a more accurate examination of the chest than was necessary to satisfy myself that respiration was still to be heard, though rather faint and distant, throughout the affected side. Over the angle of the scapula it was, however, more tubular than when he left town. The succeeding morning I returned to town, and visited him again the following day. I then found him gradually recovering from the exhaustion. The expectoration was less, though still considerable, and the cough troublesome, interfering sadly with his rest. He was now ordered thirty minims of liquor cinchonæ, with a few drops of ipecacuan wine, three times a day, and nourishment and wine as before. No local measures were employed.

It is not necessary to continue the details of the case farther, for the recovery was steady and uninterrupted by the least untoward circumstance. In three weeks he was able to be removed to a warmer locality, in the immediate neighbourhood. As the cough and expectoration steadily diminished, he gained strength; the dullness of the side gradually cleared off; the natural amount of vocal fremitus returned; and, except over the angle of the scapula, the respiration became healthy. At the spot in question, however, there continued for some time to be a degree of preternatural vocal resonance, and the breathing was somewhat bronchial. In August he left England for Italy, where he spent the winter and spring. During the whole of the journey home, and for some time before, he was equal to as much physical exertion as ever, and had neither cough nor dyspnoea, even on climbing mountains. I had an opportunity of hastily examining his chest a few weeks after his return, and could detect no trace of his severe disease.

CASE II. FEVER WITH PLEURO-PNEUMONIA. EMPYEMA OPENING BY THE BRONCHI. RECOVERY. Edward Maroney, a labourer, *æt.* 35, was admitted into St. Thomas's Hospital, under my care, on the 15th April, 1851.

He had been ill five days with symptoms of fever, attended by some cough, coming on when he was still under the influence of mercury, or, at least, had very recently been so, having been treated with mercury and salivated in the Charing Cross Hospital, for inflammation of the eye. The tongue was much coated, his cough rather troublesome, the expectoration mucous, and there was little or no dyspnoea. He was ordered a purgative, and the catarrhal mixture of the

Hospital, containing a little antimony. On the 18th, he became worse; and on the 19th, he was complaining of very great pain of the chest, with quick and oppressed breathing. He had no more cough, but the expectoration was tenacious, sanguineous, prune-juice-like in appearance, intermixed with yellowish-green opaque matter. The great pain and tenderness of which he complained were referred chiefly to the supra-mammary region of the left side, where there was considerable dullness on percussion, ægophonic resonance of voice, and bronchial respiration, intermixed with mucocrepitant rhonchus. The pulse was quick and feeble, and the tongue was dry, but there was not much heat of skin. He was ordered to be cupped to ʒvj , and to have 4 grs. of Dover's powder, with 1 gr. of calomel, every four hours, with a draught containing ʒiij of liquor ammoniæ acetatis and 3 grs. of sesquicarbonate of ammonia, in camphor mixture.

April 20th. He was relieved of his pain, 4 oz. only of blood having been taken by the cupping. A blister was ordered to the side. To continue the beef-tea allowed from the first.

April 21st. He had but little pain; pulse 104, feeble but steady; tongue and skin dry; some delirium. Over the antero-superior region of the left lung the breathing was bronchial, mixed with some crepitation; over the lateral region of the same side, there were general mucocrepitant rhonchi; the right lung was tolerably free; the expectoration was somewhat less copious, but very tenacious, and of a dirty greenish colour; bowels open. The head was ordered to be shaved, and the blister to be repeated.

April 23rd. The pulse had fallen to 96, the tongue was less dry, and the cough apparently looser, but the expectoration maintained the same character. He took his nourishment well; but rambled a little.

April 25th. The tongue and lips were covered with sordes, but the tongue was moist at the edges; the breathing was less frequent, and there was less mucocrepitant rhonchus in the left side; the cough and expectoration were less—the latter of the same character. He was directed to have ʒiij of wine daily, and 4 grs. of sesquicarbonate of ammonia, with a drachm of tincture of squills, in decoction of senega, every six hours.

April 26th. Pulse 100, steady; there was dullness over the whole anterior region of left side, but coarse crepitation was everywhere heard. Tongue dry; bowels open; he had a better night, and considered himself improved. He was ordered to have ʒiv of wine, and lemonade for drink, as he complained of thirst.

April 28th. Dullness was very complete; nothing was to be heard but a loud souffle on breathing, and whiffing resonance of voice; pulse 96, feeble; the tongue still dry; his support was taken well, and his cough less. After this date, blistering with liquor vesicatorius was frequently repeated.

May 2nd. The pulse had fallen to 88, the tongue was clean and moister, but the expectoration was still more or less sanguineous, and he again complained of pleuritic pain and tenderness in the left lateral region. This subsequently extended to the back, and he had afterwards a bronchial souffle below the angle of the left scapula, with muffled resonance of voice and dullness, but with more or less surrounding mucocrepitant rhonchus. Soon after this, the expectoration lost its pneumonic character, and became trifling in quantity, and the general symptoms improved, when, without any material change in his general symptoms, he all at once began to cough much more, and the expectoration suddenly became profuse in quantity and purulent in character. For many weeks he continued to expectorate a large quantity of purulent and mucopurulent matter. The physical signs of effusion and compression of the lung gradually vanished; but for a long time there were traces of the former mischief about the angle of the left scapula, the respiration maintaining a bronchial character. He was kept in the Hospital simply for the sake of watching the progress of cure to its completion; and on the 16th of August he was carefully examined by some of my colleagues as well as by myself. We were unable to detect any evidence whatever of the severe and protracted disease

of which he had been the subject. The lung appeared, so far as could be ascertained by examination during life, to have completely recovered, nor was there any visible contraction of the chest.

CASE III. PLEURO-PNEUMO AND PNEUMOTHORAX. FATAL FROM CIRCUMSCRIBED EMPYEMA WITH GANGRENE OF LUNG. Edward Connor, æt. 32, came to London, from Ireland, a year ago. When a child, he had fever; and, eighteen months ago, an inflammatory attack of the character of pleurisy, for which he was blistered and confined to bed. With these exceptions, he had had good health. He stated that he had not been very well off, but that he never had indulged in spirits or beer. Eight days before admission, after exposure through a very cold and wet day, he was seized with pain of left side, and cough, attended by anorexia and thirst. To these symptoms succeeded dyspnoea, and some expectoration, for the last two or three days.

His decubitus, on admission, was dorsal, with the head raised; countenance somewhat flushed—not expressive of anxiety; skin not very hot or dry; pulse 90, soft. There was pain on motion or on coughing, which he referred to the sternum; the tongue was furred; the bowels open; respiration 32 per minute, performed without any apparent difficulty, nor did he complain of dyspnoea. The expectoration was copious; mixed in character, some frothy, some tenacious, and of the colour of prune-juice, and expectorated with tolerable facility. The chest, ample and well-formed, sounded well on percussion anteriorly. The respiratory murmur was everywhere heard, but mixed with more or less mucous and sonorous rhonchi, especially on the left side. The heart's action was natural. Posteriorly there was fair resonance on percussion throughout the right side, and the respiratory murmur was heard everywhere, mixed with some large mucous crepitation. Below the level of the spine of the scapula of the left side, there was some dullness, increasing towards the base of the lung, where, and in the inferior lateral region, there was complete dullness, and where percussion gave pain. Over the seat of dullness, there was a fine mucocrepitant rhonchus, and towards the spine the respiration had a slightly blowing character, but there was neither souffle nor bronchophony. He was ordered low diet, with beef tea. $\mathcal{R}$ Pulv. Doveri gr. viij; calomel. gr. ij; $\mathcal{M}$. Fiat pulv. horæ somni sumendus. He was directed to take an aperient draught in the morning, two tablespoonfuls of the catarrhal mixture every four hours, and five grains of Dover's powder with calomel every night; and to have a blister applied between the shoulders.

Feb. 26th. Being obliged from the blister to lie on the side, he preferred the right, pressure on the affected side giving him pain and inducing cough. He felt some nausea from the medicine. The expectoration was more copious, and more catarrhal in character, still, however, mixed with viscid reddish brown. Physical examination of the chest indicated that the inflammation had not extended; there were less of the bronchial rhonchi; and the patient expressed himself as more comfortable about the chest. Respirations 25; pulse 86, soft.

Feb. 28th. The blister was repeated.

March 1st. He breathed better; the dullness was less; respirations 22; pulse 88; tongue clean; he expectorated with ease.

March 3rd. Decubitus dorsal; there was tenderness on percussion over the left lateral region inferiorly; and over a spot of three fingers' breadth there was marked and circumscribed dullness on percussion, and the breathing was distant and somewhat blowing; the expectoration was less.

March 4th. Respirations 20; pulse 84.

March 6th. Cough troublesome; there was some increase of dullness over the false ribs of left side, and here as well as over the spot of circumscribed dullness, there was fine crepitation heard; around this, respiration was healthy. Pulse 88; respiration 22.

March 8th. He was improving in all respects; the expectoration had been for some days colourless.

March 11th. Expectoration was less copious, but very

offensive, and again coloured. He had pain, tenderness, and sense of constriction over the upper part of the chest; there was dullness on percussion beneath the clavicle, and in the left axilla. In these situations, and in the left lateral region generally, was more or less fine crepitation. Notwithstanding these symptoms, the pulse was 78; the appetite improved, and tongue clean; but the cough troublesome. He was ordered to have liquor vesicatorius applied to the side; to take the mixture every six hours; to have a pill composed of Dover's powder, extract of hyoscyamus, and squill pill, every night; and to have fish.

March 15th. Respiration was fairly natural in the dorsal and lateral regions inferiorly, but about the clavicle and in the axilla it was attended with muco-crepitant rhonchi, and augmented vocal fremitus. Pulse 80.

March 20th. There was some hæmoptysis; expectoration was muco-purulent. Pulse 96; skin hot; tongue rather red at the tip. He was directed to omit the former medicines, and to take, every six hours, an ounce of infusion of roses with sulphate of magnesia, and ten minims of tincture of digitalis; and a pill of Dover's powder and extract of hyoscyamus every night.

March 23rd. There was much febrile disturbance. He still expectorated some blood in clots. In the lower lateral region of the left side there was considerable dullness, associated with coarse mucous rhonchi, sometimes amounting to gurgling. Similar phenomena were manifested under the left clavicle. The expectoration was purulent and offensive. Respirations 36; pulse 80; bowels rather loose.

March 27th. There could be no doubt that in the left inferior lateral region there was considerable effusion, but limited to that region, and communicating with the lung; for there was now manifest bulging, with great dullness, and at one spot amphoric resonance and gurgling, the latter phenomena varying much from time to time. The expectoration was foetid and gangrenous in odour, and much more copious.

April 1st. In the localities last mentioned, *i. e.*, the left lower lateral region, and the infra-clavicular region of the same side, the phenomena maintained the same character, but in other parts of the same side much more respiration could be heard. From this date to the 24th, the auscultatory phenomena varied greatly from time to time, but clearly indicated the existence of cavities in the lungs, with pleuritic effusion, sometimes more and sometimes less, varying with the amount of expectoration; but the lower portion of the left side now presented a considerable swelling, and the liver was pushed down considerably below its proper level, the heart, however, maintaining its natural situation. Fluctuation in this swelling could be distinctly felt, and it was, therefore, determined to puncture it. This was done by Mr. Solly, with a lancet, between the seventh and eighth ribs, rather anterior to their middle, and a considerable quantity of thick, cheesy, stinking pus was evacuated. By this he was considerably relieved. His decubitus was at this time, and had been for some days, on the left side, avoiding pressure by resting on his elbow. On the 26th, his respiration was comparatively easy, his cough less, and he was free from pain, and the opening discharged freely. There was dullness on percussion from below the second rib anteriorly, but respiration was heard, though bronchial in character, and mixed with mucous gurgling; pulse 100, small.

May 1st. Respiration, more or less distinct, might be heard throughout the left side posteriorly and laterally.

May 8th. He appeared to be gaining strength; to the left, and a little below the left nipple, under the edge of the pectoral muscle, there was loud amphoric breathing, with metallic or amphoric resonance on percussion; with the exception of this locality, the respiration might be everywhere else heard, of tolerably fair character.

May 29th. He had lost ground considerably. Posteriorly, respiration was generally heard. Anteriorly below, and on a level with the edge of the pectoral muscle, there was amphoric resonance and pectoriloquy. More towards the sternum, there were mucous rhonchi and some dullness; there was general flattening of the left side. The prominence, where the puncture had been made, had entirely disap-

peared, and the opening had closed; cough and expectoration had increased; breathing was tranquil.

June 5th. The side reopened spontaneously, and again discharged, but the expectoration was more profuse; the pulse was small and rapid, and powers failing; the matter discharged from the side was much less offensive than that expectorated from the mouth.

June 7th. He became suddenly worse; collapse was extreme; respiration very hurried; he was delirious; the expectoration of stinking pus was profuse. In the evening he died.

June 8th. POST-MORTEM EXAMINATION, at half-past eleven A.M., obtained with difficulty, and chest only examined. The heart was found to be somewhat displaced towards the left side, the right lung being somewhat expanded, and the left diminished. The anterior surface of the left ventricle of the heart presented two or three patches of adhesions, not of very old date. The pericardium contained a very small quantity of clear serum, and the heart itself was healthy. The right pleura was healthy, and the corresponding lung voluminous, crepitant throughout, and somewhat emphysematous. The bronchial tubes, though not apparently congested, contained a considerable quantity of tenacious muco-purulent fluid. The left pleura was almost universally adherent, by tough but not very old adhesions. The only portion not so occupied, was a space of about nine square inches, situated between the seventh and eighth ribs, just external to the cartilages. The parietes of the cavity which existed at this part, were of a greenish colour, soft, and shreddy. The cavity contained a small quantity of dirty foetid pus, and communicated by two or three ragged openings, capable of admitting a finger between the sixth and seventh ribs, with a second cavity formed between the integuments and the ribs. The upper surface of the seventh rib was denuded and carious. Between the seventh and eighth ribs there was a small opening communicating with the exterior, which had been made by the trocar during life, and this cavity communicated also with the lung by a small ulcerated opening. The anterior half of the upper lobe of the left lung, and the anterior corner of the lower lobe, presented numerous large anfractuous intercommunicating cavities, the lowest one being apparently formed by both lobes. These cavities contained a quantity of dirty, stinking pus, with here and there shreds of gangrenous tissue. Their parietes were irregular and reticulated, though to a certain degree smooth and polished, owing to the formation of a lining membrane, and they were evidently in process of cure. The walls of these cavities which were lowest in position, were somewhat congested, and less perfectly furnished with a lining membrane than the others. In other parts of the base of the lung there were also several small cavities filled with flocculent, gangrenous matter, the sides of which were also flocculent and gangrenous. The whole series of cavities evidently communicated with one another, and with the cavity in the pleura. There were some patches of solid lung-structure, situated chiefly in the vicinity of the cavities, but the remainder, the great bulk of the lung, was crepitant.

CASE IV. PLEURITIS. EMPYEMA OPENING INTO THE BRONCHI. RECOVERY. A tradesman, *æt.* 56, of healthy constitution, and very temperate, regular habits, seven weeks previously to being seen by me, was suddenly seized with severe pain of the left side and of the left hypochondrium, attended by some cough and fever. He was seen early by Mr. E. Pye Smith, by whom he was bled, cupped, and blistered, and placed under the influence of mercury. The side became rapidly and perfectly dull on percussion, with absence of respiratory murmur. There was a little mucous crepitation to be heard posteriorly at one time, and slight mucous expectoration existed for a few days; but there never was much cough, nor any sanguineous tinging of the expectoration. The pain and febrile action subsided satisfactorily; but, despite counter-irritation, mercury and other remedies, the side remained dull on percussion, and there was no return of respiratory murmur.

When seen by me on 24th Nov., the pulse was soft and under 80, the skin of natural temperature and moisture, the countenance not expressive of any anxiety; he had no cough, was free from pain; could lie on either side, but preferred lying on the back; the tongue was rather coated and furred in the centre, but moist; the appetite moderately good. On examination, I found the left side of the chest rounder and apparently larger than the right, the intercostal spaces obliterated, and there was very little motion of the ribs. No vocal fremitus could be felt. The whole side was perfectly dull on percussion, except over the apex of the lung, and even there the resonance was much less than on the opposite side. No respiratory murmur could be heard, except beneath the clavicle and in the corresponding supraspinous region, where it was harsh and somewhat tubular in character. I could not detect any mucous rhonchus, or crepitation, or friction sound, nor was there any increased vocal resonance anywhere, nor any bronchial respiration except at the root of the lung. The heart appeared to be in its natural situation, and change of position did not give rise to any material change in the auscultatory phenomena. The breathing was calm, not much increased in frequency, and the exertion attendant on the examination did not induce any dyspnoea. If, however, he walked about his room he was conscious of being short-breathed. There was not, and had not been, anything like hectic; but his nights had sometimes been restless, and he was frequently very uncomfortable, and did not sleep well.

I gave it as my opinion that the case was one of empyema, and not of consolidated lung; and from the entire absence of any urgent symptoms, either local or general, I advised that we should wait and watch the case for a while longer before making any proposal to puncture the chest; and that he should take a pill night and morning, containing two grains of blue pill and four of Dover's powder, and a draught three times a-day, containing hydriodate of potash, tincture of squills, and spirit of nitrous æther, in decoction of sarsaparilla. A large blister was ordered to be applied to the side, and a more stimulating nourishing diet allowed.

Dec. 1st. I again saw him, and found that three days previously he had had a sudden but not severe fit of coughing, and had expectorated a small quantity of dark-coloured extremely fetid pus. This was followed by more copious expectoration, less fetid, but distinctly purulent, amounting to 8 or 10 oz. in the twenty-four hours. The general symptoms were much the same as when I first saw him, but the tongue was cleaner; he had not been so restless, and had lost the ill-defined sense of discomfort or *malaise*. But the state of the chest had materially changed. The round appearance was gone, the intercostal sulci were distinct and well-marked; still, however, the side was dull on percussion throughout, although there was a considerable improvement in the antero-superior region. In the whole of this region, and through a considerable space posteriorly, faint and distant respiratory sounds could now be detected during deep inspiration, and here and there occasional mucous rhonchi were heard. There was, however, no vocal fremitus, or vocal resonance, nor any blowing respiration.

Dec. 10th. He has continued to improve in all respects, and everything leads to the conclusion that a speedy and complete cure will be effected.

Another case of pleuro-pneumonia, ending in empyema, was in the same ward, under my care, at the same time with Connor. The subject was a young man who had had previous attacks of an inflammatory character, and who was admitted into one of the surgical wards, as it was supposed that he had received an injury to the side. This, however, was not the case; and he was soon perceived to be the subject of acute pneumonia, and came under my care. The pneumonia was extensive and severe; it was situated in the right lung, and was attended by great orthopnoea, cough, and pain. As the pneumonic symptoms subsided, his chest became distended by fluid, and the signs of empyema were well pronounced. The accumulation increasing, he was urgently advised to submit to paracentesis. This he refused to do,

and left the hospital, with the right pleura enormously distended. He then fell under the care of Dr. Aldis, suffering from all the effects of compression of the lung from pleuritic effusion. He was supposed by Dr. Aldis to be dying; but not long after again made his appearance, greatly improved, and able to walk a considerable distance. From the intermediate history and the examination that was again made of the chest, Dr. Aldis had no doubt that the pleuritic effusion had been evacuated through the bronchi.

REMARKS. The cases which have been detailed very well illustrate, I think, the general character of the inflammatory disease which has prevailed to a considerable extent within the last eighteen months or more. The particular termination of these cases, by discharge of the purulent accumulation through the bronchi, is probably the least frequent, and I have merely selected such cases from their offering additional points of interest. I might have selected from my records of both private and public practice, other cases presenting the same general characters, in so far as regards the type of inflammatory action, and the course they ran.

The attention of most observers must have been more or less arrested by the modifications which our treatment of local inflammation, and especially of pneumonia, has for some years been undergoing, especially in reference to the employment of bleeding. In this important remedy the faith of many has been utterly shaken; nor has it fared better with antimony and mercury, in which many have been wont to place the most unlimited confidence. The dicta of Louis, in reference to the inefficacy of bleeding, except in the very earliest period of pneumonia, have not indeed been received in this country with unquestioning consent: but neither has the non-correspondence of his experience with that of British practitioners been satisfactorily explained. It cannot, I think, be doubted that, apart from varieties in what is called the epidemic constitution, there are important differences in the same disease, in so far as regards the constitutional symptoms by which it is manifested, dependent, perhaps, on climate, national constitutions, habits, modes of life, etc., as well as differences dependent on varieties of individual constitutions. All this, it may be said, is known and admitted; but is it sufficiently considered in practice? Is it sufficiently borne in mind, in estimating the statements and experience of observers situated in very different circumstances from our own? I am satisfied that much of the contrariety existing between French and British practitioners in reference to some of the more ordinary diseases, and the more common points of practice, is explicable by such considerations and by such alone. Thus, when going round the wards of the Hôtel Dieu last summer, with M. Louis, I observed several cases of erysipelas, and asked whether he found it necessary to employ stimuli to any extent in their treatment. I was struck by his answer, that he did not find it necessary to employ any treatment beyond rest and the most simple dietetic rules; for that in his experience idiopathic erysipelas was a very trifling disease, and never fatal, unless associated with some visceral disease or cachectic habit. Now this certainly is not the experience of our British hospitals; at all events, not of the London hospitals. Nor is it the experience of private practitioners in this country. It is true that the majority of cases of idiopathic erysipelas do well, and that the disease manifests a strong natural tendency to cure, after running a specific course. But with us it is by no means a trifling ailment—it is essentially of an adynamic type, and requires a tonic treatment; more decided and vigorous, it may be, in some cases than in others. But whilst it is manifestly necessary to exercise much caution ere we adopt or reject the results of the experience of other observers, whether of our own or any other country, scarcely less caution is requisite either in following or discarding our own so-called experience. It appears to me that we are by no means warranted in inferring that, because bleeding and antimony are not found to answer so well in the treat-

ment of pneumonia as we had been taught to believe, or as we formerly found them to do, therefore our former experience, or that of our predecessors, was fallacious. These remedies will, I believe, be found fully to warrant the confidence that was placed in them, when they are judiciously employed in the treatment of the same type of disease. We must, however, be sure that the same phenomena are present which former observers have pointed out as the indications for blood-letting. We are not justified in questioning the correctness of their therapeutic precepts, unless we have applied them and found them wanting, not merely in what we believe to be the same disease, pathologically speaking, but in the same disease attended by those phenomena which they depicted in no obscure or doubtful manner. Most unnecessary and unmerited discredit is thrown on our science, and especially on our art, therapeutics, by thus questioning or discarding the results of former experience, merely because they are not available for our present necessities. The arch enemy, the spirit of quackery, is ever ready to turn to good account, for his own purposes, such error. And still greater is the advantage given him, when from over-weening confidence in established remedies, or inability to discover "the signs of the times" in reference to disease, there are found those who obstinately persist in the attempt to make disease accord with their treatment, rather than change their treatment with the disease. Doubtless, much of what is called experience, is fallacious, and we ought not, from unworthy fears of bringing discredit on our art, to shrink from abandoning error when once proved to be error. There has been no little craft displayed by the globulists in the selection of those acute diseases which they have made their stalking horse; and nothing is more easy than the attempt to turn to the discredit of legitimate medicine, the difference of treatment pursued in diseases called by the same name.

True sthenic pneumonia of the croupous variety, *i. e.*, inflammation attacking the air cells, and characterised by the effusion of plastic matter, by which these are obliterated, and which leads to solidification of the lung, which on being cut into, presents the characteristic granular surface, arising from the filling of the cells with solid lymph, has become a comparatively rare disease of late. The ordinary received descriptions of this disease are, however, true to nature; and there would not, perhaps, on close examination, be found to be much difference of opinion among experienced judicious practitioners, as to the treatment of such disease. For my own part, in proportion as I found a given case of such disease to correspond in its constitutional phenomena with those which the writers of the time of Cullen, and even much subsequently, described as indicating the necessity for blood-letting, I should with them consider it as the "*remedium magnum*", and employ it with as much confidence as they did. The pleuritis which accompanies this form of pneumonia is, for the most part, attended simply by the effusion of plastic matter, adhering to the two sides of the serous membrane, and unassociated with much fluid. And the pleuritis itself is quite a subsidiary and secondary disease, the mere result of the extension of the inflammation from its contiguous seat in the lung itself. The pleuro-pneumonia thus constituted, partakes of the same general character as the simple pneumonia.

In all these, as well as in other important respects, the inflammatory disease which has of late prevailed, and of which I have detailed several examples, differs considerably. It differs both in the character of the attendant constitutional symptoms, of the structural changes, and the treatment demanded. It is not, however, what has been generally understood as typhoid pneumonia. Certainly it is not always, nor generally, associated with either typhus or typhoid fever. It is, for the most part, unaccompanied either with any specific form of eruption, or evidence of contagion. In many instances the pleuritis has been the earliest of the two affections, in the order of occurrence, and in most, the more prominent affection. In some cases the disease has begun with catarrhal symptoms, subsequently passing into pneumonia or broncho-pneumonia, concurrent with the su-

pervention of pleurisy. The pain has been frequently great, and a very prominent symptom; and effusion has taken place rapidly and to a great extent, assuming, I think, very early a purulent character. Cough has not been either a troublesome or prominent symptom. The sputum at some period, sometimes earlier and sometimes later, has almost always indicated that the substance of the lung and the air-cells were involved in the inflammatory action. It has not indeed presented the ordinary characters of the brick-dust or rusty sputum of the sthenic pneumonia, expectorated in small masses of extreme viscosity; but it has always been more or less tenacious and glairy, sometimes streaked with blood, and at other times presenting the appearance of prune juice, or of a dirty greenish-yellow colour, and copious in quantity. It has varied also in the same case from day to day—at one time being free from sanguineous impregnation, having the appearance of simple viscid bronchial secretion, and the next day, perhaps, being more of a bistre colour. The dyspnoea has not usually been urgent, nor the respiration at all laboured, but for the most part of increased frequency. In most cases the skin and tongue have been moist, the former clammy, and the latter loaded with a dirty creamy fur—sometimes, however, dry and brown. The pulse, generally rapid, has usually been soft, sometimes very feeble—the urine, sometimes high coloured and scanty, in other cases has been copious and of a pale straw colour. In short, the constitutional symptoms have not been those indicative of excited action of the vascular system: so far from it, that, judging by the skin and pulse alone, it might frequently be inferred that little or no fever was present. I have seen in some instances, even where the greater portion of one lung was manifestly involved in the inflammatory action, but little if any appreciable excitement of pulse or difficulty of respiration.

The physical signs have shown that the inflammatory action has spread rapidly over a large extent of surface, although generally confined to one side. It is also deserving of special attention, that the upper lobes are much more frequently implicated than is observed in the ordinary sthenic pneumonia. The amount of solidification of the lung that ultimately results, is not, however, always correspondingly great, or, at all events, is not very complete; nor is it so permanent; that is, the lung sooner returns to a condition in which it is more or less permeable to air. It has appeared to me to be checked in a measure by the pleuritic effusion as this becomes copious; the ordinary result of copious pleuritic effusions ensuing—compression rather than enlargement and solidification from effusion of solid matter in the substance of the lung. Where the amount of pleural effusion has been less, and the pneumonitis has pursued its own course, uninfluenced by external pressure, suppurative infiltration of the lung has often supervened, without much complete preceding solidification. This state of lung, as was manifest in the case of Maroney, shows a tendency to gangrenous destruction: and one of the chief points of interest in the *post-mortem* history of Maroney's case, is the small amount of solidification that was found, notwithstanding the extent of lung involved. It was only in the immediate vicinity of the gangrenous cavities that the lung was impervious to air and non-crepitant. Indeed, it seemed pretty clear that the case proved fatal, not so much from the extent of lung originally involved in the inflammatory action, as from its character and the consequent gangrene. The suppurative tendency is still more marked in the pleural cavity. This tendency to suppuration, breaking down, and gangrene of the tissues, probably accounts for the particular termination of the cases detailed; at least, in two of them. In the case of the gentleman first detailed, I believe, the principal accumulation of pus was interlobar, and that, as the acute stage subsided, the effusion in the general cavity of the pleura was, for the most part, absorbed; whilst a considerable collection still remained pent up between the lobes of the lung and its root; so that, when, at length, the matter obtained exit, the outlet was very direct, opening immediately, or nearly so, into the larger bronchial trunks. Thus,

the discharge was sudden, rapid, effectual, and uninterrupted till the whole was expectorated. The sides of the cavity would thus be brought more readily into apposition, and its obliteration effected. The steady, rapid progress towards cure of this case, after the discharge of the matter, independently of the physical indications, shows, I think, how little true solidification of lung there had been.

The absence of the signs of pneumothorax (except in the case of Connor, where the indications of a circumscribed pneumothorax were well marked) is a point of great interest in all the cases detailed. This circumstance may perhaps excite doubts in the minds of some, whether there were really any communication with the bronchi. But I know not in what other way we are to explain the sudden removal of the pleuritic effusion, and the circumstances attending that removal. In the first case detailed, there cannot be the least doubt that a very large accumulation of fluid obtained sudden exit by the bronchi, so as for a time to place the life of the patient in extreme jeopardy. In the last case, the sudden discharge of a small quantity of fetid, gangrenous matter, succeeded by more copious purulent expectoration, was immediately followed by marked changes in the physical signs, which indicated the rapid disappearance of an accumulation of fluid in the pleura. Whether, in this and the other cases, the absence of all signs of the presence of air in the pleural cavity, is to be ascribed to the existence of extensive adhesions, or to any peculiarities of the communication with the bronchi, I am unable to say.

Such are the more important features of the thoracic inflammation, to which I venture to call the attention of the profession; and they are sufficient, I think, to show that it differs, in many most material respects, from the ordinary form of either pneumonia or pleuritis. Upon what does this difference depend? Not, I think, merely on peculiarities of individual constitutions. I have seen the disease in various constitutions, and in persons moving in very different social spheres. It has no necessary connexion with any form of continued fever. Is it connected with erysipelas? I am disposed to think that it is: not that it is generally associated with the external manifestation of erysipelas. The pneumonia that is associated with fever, erysipelas, and cachectic states of system generally, it is well known, is usually of the asthenic type; but I am disposed to regard the pleuro-pneumonia now under discussion as itself a form of erysipelatous disease, and for these, among other reasons: 1st. In its pathological features, it closely resembles erysipelatous inflammation; 2nd. It has prevailed contemporaneously with external erysipelas; 3rd. An erysipelatous form of cynanche has been very common, and, in many cases, has been an attendant on the thoracic inflammation; sore throat having been frequently complained of in the beginning, and, as this has subsided, bronchial symptoms have occurred, to which the pneumonia and pleuritis have succeeded. I feel, however, bound to admit that it differs in some material respects from the ordinary forms under which erysipelatous inflammation of internal organs has hitherto been known to us.

In respect of the treatment of this disease, it is manifest that it must differ materially from that of the ordinary forms either of pneumonia or pleuritis. General bleeding is rarely if ever admissible: I have never employed it. Local depletion, to a limited extent, especially in the early stages, is sometimes decidedly useful, especially from the relief it affords to the pain and the congested state of the parts implicated. Counter-irritation may be more early employed than is desirable in the more sthenic forms. Blisters, indeed, I have found of the most marked benefit, and have been in the habit of repeating them frequently. Calomel and antimony, if used at all, must be very cautiously and sparingly employed. Dover's powder, in doses of five grains, with a grain of calomel, three or four times a day, has appeared to me very useful. But I have not given the calomel with the view of affecting the system, so as to induce any of the symptoms of mercurialisation. Ammonia has proved the best expectorant; and this I have given usually with the acetate of ammonia, sometimes with the

camphor mixture, and at other times with serpentary or senega. In almost all cases, I have allowed the patients beef-tea, and very frequently found a certain portion of wine to be necessary. But, under any plan of treatment, the affection is attended by great danger, and, in its worst forms, very fatal. So rapid has been the progress in many cases, so great the prostration, even with the most cautious treatment, that I have, in more than one case been led to doubt whether the patient would not have had a better prospect by entire abstinence from all antiphlogistic treatment, so called, and the use of stimuli alone *ab initio*. Ample and efficient blisters, with wine, beef-tea, and ammonia, are, I believe, the remedies on which most reliance should be placed in the most aggravated and most characteristic examples of the disease. But such remedies must be used cautiously. Many cases will do well with little or no treatment, even though, as ascertained by the physical signs, there be a considerable amount of inflammation; a simple diet, not too antiphlogistic, rest, and an open state of the bowels, with some counter-irritation, being all that are requisite; anything beyond this, like the homœopathic globules, serving only to amuse the patient, and gain for physic a degree of credit which is not its due.

Since writing the preceding observations, the substance of which was read before the Medical Society of London on the 16th Oct., I have been not a little gratified by finding how much they coincide with those made by my honoured preceptor, Dr. Alison, in the November number of the *Edinburgh Monthly Journal*. I cannot but feel additional confidence in the accuracy of my own observations, when thus confirmed, and I have the less hesitation in pressing on the attention of the profession the views here set forth. But, how long the present type of pneumonia may continue to prevail cannot be predicted, and we must not therefore repeat the errors on which we have ventured to comment, but recall the words of our own Hippocrates. "*Hoc saltem pro comperto habeo ex multiplici accuratissimarum observationum fide, prædictas morborum species, præsertim febres continuas, ita toto celo differre, ut, qua methodo currente anno ægrotos liberaveris, eadem ipsa anno jam vertente forsitan e medio tolles; quodque, ubi semel in genuinam medendi rationem, quam hæc vel illa febris species sibi vendicat, auspicio incidierim, ad eundem scopum colligans (favente, ut fit, Optimo Numine), metam quasi semper attingam, respectu ad temperamentum, ætatem, et reliqua ejusmodi usquequaque habito; donec, extincta illa specie novoque gliscente malo, anceps rursus hæreo qua mihi via insistendum ut ægris subveniam; ac proinde, nisi ingenti adhibita cautela intentisque omnibus animi nervis, vix ac ne vix quidem possum efficere ne unus aut alter eorum qui se primi meæ cure commiserint, vita periclitetur; donec, investigato jugiter tandemque perspecto morbi genio, ad eundem perdomandum recto pede et intrepidus denuo procedam.*" (Sydenham, *Observat. Medic.*, sect. i, cap. ii, p. 29. Sydenham Society's Edition.)

15 Finsbury Square, 13th Dec. 1852.

MECHANICAL SUPPORT IN PROLAPSUS ANI.

By JAMES DEANE, Esq., M.R.C.S.Eng.

It is singular that we hear so little of mechanical support in cases of prolapsus ani. Authors will puzzle us with minute and unpractical distinctions about the first element in different cases of hæmorrhoids, and will then forget that, whether it be their cause or not, the prolapsus, so generally accompanying them, will always aggravate them, and even form fresh piles, however carefully an excision may have been effected. Their treatment, also, has been well discussed; but have we been as attentive to their prevention? Have any means been devised for supporting the perinæum during the expulsion of the fæces? What else can remedy