ON
CHRONIC PLEURISY WITH EFFUSION,
OR EMPYEMA.

By RICHARD CHAMBERS, M.D.,

One of the Physicians to the Essex and Colchester Hospital.

[For the *Provincial Medical Journal*.]

Although our knowledge of thoracic diseases has been considerably advanced since Laennec's application of the stethoscope to their discovery, the disease to which I now call attention is still extremely liable to escape detection. This arises from the difficulty of making its diagnosis, and also from its not being looked for, in consequence of the prevalent (though erroneous) opinion that it must necessarily be accompanied by symptoms calculated at once to arrest attention. This latter cause finds some support from the definition of hydrothorax, as laid down by all writers previous to the publication of Laennec; but we are now aware that all the symptoms then considered as pathognomonic of that disease arise from obstructed circulation, and may exist without the presence of any pleuritic effusion.

The symptoms of chronic pleurisy are said to be dyspnœa, pain in the affected side, and difficulty of lying on the healthy one, quick pulse, short cough, emaciation, and hectic; in addition to these we have the physical signs—dulness, absence of respiration, diminished vocal resonance, and enlargement of the affected side, and also ægophony. For more detailed information I refer to the works of Walshe, Stokes, and Williams; suffice it here to remark that none of the symptoms enumerated are of constant occurrence, and many of them so often accompany other diseases, that their value as diagnostics is considerably diminished.

There is one symptom that has not, as far as I am aware, yet attracted attention; and having found it invariably coexistent with pleuritic effusion, I am desirous to submit it to the notice of my professional brethren; the nearest representation I can give of it is that conveyed by the expression "*gentle gurgling*," but even this does not convey an adequate description of it; it appears as if it proceeded from the rolling or displacement of a fluid, and I believe its occurrence can be explained thus: during inspiration a portion of fluid becomes pressed up between the lung and the walls of the chest, and this falls back again on expiration.

It may be objected that the presence of air was requisite for the production of this sound. To this I would remark that there was no other evidence of its existence, and that, when the fluid becomes absorbed, no trace of any disease could be detected. If it is necessary to the production of the symptoms, it must have been generated within the pleural sac; but the absence or presence of air cannot affect the value of the symptom, if (as I have found) it occurs in every case of pleuritic effusion.

The first case in which I noticed the symptoms was one of Bright's disease, in which the pleuritis occurred while the individual was under my care in the hospital. He was discharged well six months ago, and he has since continued free from complaint.

The recumbent posture is the most favorable for detecting this symptom; and, whatever may be the

theory of its production, of its invariable presence I entertain no doubt; it is unnecessary to enlarge upon the importance of a symptom that requires the presence of fluid as an element of its production. Cases illustrative of its value will be appended.

Treatment.—It is to the excellent paper of the late Dr. Hope (*Medico-Chirurgical Review*, No. 96) that we are chiefly indebted for a successful mode of treating this disease. It was he alone who advocated a full and indiscriminate mercurialisation—not deterred by the excitement of hectic or the pallor of anæmia, and, from my experience of the practice, I am convinced that it will rarely disappoint the character he has given it; indeed, it is only in cases complicated with tubercle that its use can be questioned; but even here the persistence of the disease is more likely to prove injurious than a cautious administration of mercury; and, were we to make the existence of tubercle a contraindication, it would be of no practical advantage, as many of the symptoms supposed to be characteristic of tubercle are frequently present in this disease when uncomplicated with it, and to abstain from mercury in such cases would be only to endanger their lives.

[To be continued.]

RARE MIDWIFERY CASES.

TO THE EDITORS OF THE PROVINCIAL MEDICAL JOURNAL.

GENTLEMEN,—Permit me to enclose an account of two unusual cases occurring lately in my practice. If you think the facts worth preservation, perhaps you will give them a place in your valuable Journal,

And oblige, Gentlemen,

Yours, respectfully,

EVAN EVANS.

Leeds, January 19, 1844.

HÆMORRHAGE BEFORE DELIVERY.

Mrs. W., aged twenty-nine, of usually robust health, but has suffered lately from mental anxiety and bodily privation; her fifth pregnancy; previous labors, in two of which I attended, have been somewhat protracted, but not difficult.

December 30, 1843. Complained of severe and frequently recurrent pains in "back and body," being, as she supposed, at full time. Examination per vaginam showed the uterus undisturbed, except by the voluntary expulsive efforts of the patient; the os tincæ constricted. Administering a full dose of opium, and enjoining strict quiet, I left.

The report on the following day was of a quiet night and decreasing pain.

During the week I paid occasional visits, and on Saturday, January 6, 1844, at six, a.m., answering a hurried summons, I found the patient exhausted from sudden and severe hæmorrhage; the bedding and carpets were drenched; the discharge being then but trifling, and uterine pain moderately strong and regular; the os uteri dilated, about the size of a shilling, but rigid and ring-like, undilatable by every effort; presentation natural; no detached portion of placenta ascertainable.

By eight, a.m., the sanguineous discharge had