ON
CHRONIC PLEURISY WITH EFFUSION,
OR EMPYEMA.

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[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—dullness, 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

nearly ceased, the liquor amnii dribbling from a small rupture in the membranes; the head partially descended on the os uteri, which remained unrelaxed.

About nine o'clock, from some unaccountable circumstance, the hæmorrhage recurred with violence, and continued, notwithstanding every effort to bring the head down by forcible dilatation of the os uteri, till the pulse became feeble, intermittent, and finally imperceptible; the patient unconscious of anything around her. Dispatching a messenger for my friend Mr. Staniland, I renewed my attacks on the os uteri, while, by a liberal use of brandy, I rallied my patient. When that gentleman arrived the pains were returning and the discharge diminishing. Mr. Staniland and another friend, Mr. Samuel Smith, on examination, agreed with me that, beside supporting the strength and facilitating, by all possible means, dilatation of the os tincæ and descent of the head, interference was not justifiable. Ergot had been given.

In the after part of the day the stomach became distressingly irritable, retaining nothing beyond a few minutes; but farther no impediment occurred, and by seven, p.m., the head had nearly passed the upper strait.

Mr. Staniland then, by exciting uterine contraction through the reflex function (his peculiar plan), soon effected delivery. The placenta was speedily extracted and pressure made over the uterus, which in a great measure stayed the returning hæmorrhage.

The patient being removed up the bed about nine a.m., hæmorrhage again commenced, but was speedily arrested by pressure, and an hour subsequently "after pains" came on.

Mrs. W. has progressed without one unfavorable symptom.

UNNATURAL PRESENTATION—DELIVERY BY NATURAL EFFORT.

Mrs. H., aged thirty-three, of good health, and well developed frame, mother of four children, has during present pregnancy experienced greater uneasiness than in any previous, and in the later period has had two severe falls over projecting bodies.

January 16, 1844, five p.m. Pains slight and infrequent; os uteri partially developed; membranes elongated and protruding, which, in endeavouring to ascertain the presentation, gave way, a considerable quantity of liquor amnii being discharged. The exact presentation could not be made out, but presumed a footling.

An hour subsequently, the pains having somewhat improved, I could plainly distinguish the *right foot*, *right hand*, and higher up *the vertex*. The liquor amnii freely discharging, and the passages well lubricated, I resolved on turning; and with that intention, having intimated to the nurse the necessity of changing the child's position, had partially introduced my hand, when the patient becoming alarmed, I considered it more prudent to send for assistance.

My friend Mr. Price, after careful examination, was of opinion, the child being small, and the bony pelvis of favorable dimensions, that some delay, in anticipation of increasing pain, was warrantable.

About ten o'clock, considering further delay prejudicial, Mr. Price was preparing to turn, when a few forcible and rapid uterine contractions bore the entire

presentation on the perineum, when the child was quickly expelled, alive. The placenta soon followed, no untoward symptom supervening. The child is yet living, but weakly.

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We have so often had occasion to state our views on the subject of medical reform, that, were it not advisable to bear in mind that the struggle is yet to come, the battle yet to be fought, we should not now have deemed it necessary again to reproduce them. But though it may be unnecessary to remind our readers that the granting of new charters to the Colleges of Physicians and Surgeons, whatever the provisions of these charters may be, can by no means be considered as *the measure* called for by the existing wants of the community and the requirements of the profession, nor as forming any substitute for it, it may still be desirable once more to bring forward those principles for which we ought to contend, whether in public petitions and memorials to the different branches of the legislature, or by private conference with individual members of either House of Parliament.

The subject of a reform, or re-constitution of the medical institutions of the country, possesses a two-fold claim to consideration by the government and the legislature—first, on account of the vast importance which it is to the general welfare that a well-educated body of men, thoroughly competent to undertake the management of disease, should be provided; and, secondly, that the interests of such a body should be so protected as to give the individual members of it every possible claim to public confidence and respect.

It is scarcely necessary to urge the importance of health to the community. Independently of the personal and family suffering which a deviation from this state entails, the whole subject of the sanitary relations of the country is worthy of deep consideration, on account of the loss experienced by the public from the inefficiency of that portion of the population laboring under sickness, the charge to which the public funds become liable for the support of a large portion of the sick and their families, and the pauperising influence which severe or long-continued ailments exercise upon great numbers of the operative, that is, of the productive, classes of the population. Various diseases require much and accurate knowledge for the detection of their nature, and for the adaptation of the most appropriate treatment; and unless the diseased condition is actually detected, the precise deviation from health ascertained, and the