II.

Case of Abscess of the Lungs, cured by Paracentesis Thoracis.

By GEORGE HAWTHORN, M. D.

WILLIAM LONGMOOR of Clay, near Banbridge, county of Down, Ireland, pensioner, by trade a linen weaver, in the 34th year of his age, of a robust and full habit of body, rather given to intemperance.

On the 2d of November 1817, (in consequence of exposure to damp night air, in a state of intoxication, after being previously much heated,) was seized with an acute pneumonic inflammation, which increased in severity until the evening of the 6th, before I had an opportunity of seeing him; during which time, nothing had been used for his relief, but, as a favourite nostrum among the vulgar, a large quantity of ardent spirits had been given, as they said, with the view of putting him into a sweat, which obviously had the effect of aggravating every symptom.

He complained of obtuse deep-seated pain in his left side, extending towards the sternum, great oppression, and difficulty of breathing, approaching to orthopnea, with cold shiverings at times. Face swelled and livid; very severe dry cough; delirium at times; pulse 120, soft and feeble; heat of skin very great, and much thirst. In fact, every concomitant symptom exhibited the most alarming appearance.

Notwithstanding the most active treatment, bloodletting to the extraordinary amount of 196 ounces in four days, and every other remedy from which any benefit was likely to accrue, the disease, with intermissions, went on for three weeks, when it terminated in a most extensive suppuration, as will appear from the following history.

He could now breathe only in the sitting posture, and rather leaning forwards; pulse 130, feeble and irregular. He complained of great weight and oppression in the side affected, with cold shiverings, profuse, cold, and clammy night sweats breaking out about his neck and shoulders, coldness of the extremities, great prostration of strength, incessant cough, and sense of suffocation; and, upon examination by applying the hand over the part, a distinct fluctuating undulation could be perceived.

From the severity of the preceding symptoms, and great oppression and sense of suffocation which the patient laboured under at the time, I had no doubt that a large quantity of mat-

was formed, and dreaded the usual fatal consequence of the rupture of the abscess.

And my fears were much increased by the result of an unfortunate case, which a short time before came under my observation, of a woman labouring under the same disease, in whom all the symptoms bore a striking similarity to the case I am now describing, and where I in vain urged the propriety of having recourse to an operation as a last resource.

This case, therefore, indicating the same necessity, I explained to his friends his danger, the propriety of the operation, and the consequences which might result from neglecting it; but all my expostulations had no effect. However, he was soon partially relieved by an immense effusion of purulent matter into the bronchial cells, which was expectorated by coughing in great quantities, to the very extraordinary amount of 5 lb. or 6 lb. in the day, and of an intolerably fetid putrid smell and appearance. There also issued from his whole body a most offensive, putrid, cadaverous smell. During which time, every means and remedy were used which were likely to contribute to his relief.

His feet and legs now began to swell, which was soon succeeded by an anasarous state of his whole body, combined with ascites. These affections were partly removed by the use of diuretics and appropriate remedies.

He remained in this deplorable state, every symptom becoming more aggravated, and the vital powers more and more exhausted, until the expiration of nine weeks from the suppuration being established.

The 25th of January 1818, being twelve weeks from the first attack, the purulent expectoration, which had continued, was now become immense; his feet and legs much swelled and cold; features ghastly; cold profuse night-sweats, particularly about his neck and shoulders, with colliquative diarrhœa; great prostration of strength; sense of weight and oppression about the breast, and more particularly in the side affected, with sense of suffocation. His breathing was now still more laborious and imperfect, from oppression and debility, and his articulation very difficult.

His impending fate now became obvious to every one, and I at length succeeded in obtaining permission to perform the operation of paracentesis thoracis.

Having, therefore, made the necessary preparations, I placed the patient in a proper posture, supported by one of his friends, being first satisfied as to the situation of the matter, and, without an assistant, commenced the operation by

holding up the integuments in order to form a valve over the internal orifice, I began my first incision with a scalpel between the sixth and seventh rib, about six inches from the sternum, extending it about two and a half or three inches in length, cutting as near to the superior margin of the inferior rib as possible, avoiding the danger of wounding the artery, vein, or nerve running in the groove of the inferior margin of the rib above, carrying my first incision through the skin and cellular substance, dissecting the intercostal muscles cautiously. The pleura now being exposed, with the point of an abscess lancet, I divided it freely with the sac of the abscess, when, upon the instrument entering the abscess, the patient gave a great cough, and above half a pound of matter gushed up his throat, while his breath issued forth from his side with a great blast, dashing out about my hand, and round the room, matter of a most abominably fetid putrid smell and appearance. About 12 lb. of vitiated matter were discharged; and, contrary to what is supposed by some, instead of becoming faintish or sinking from the sudden removal of the pressure, he became always stronger in proportion to the discharge, and exclaimed he was quite relieved, which, I believe, is generally the case.

The valve was now let down over the orifice, in order to exclude the excess of the air. A soft, warm cataplasm was applied over the wound, and the patient turned to lie on the same side (to favour the exit of the matter) to which he had not before reclined from the first attack.

He now felt quite relieved, and rested well during the night; and his friends assured me that above 10 lb. more were discharged during the night. Upon removing the cataplasm next day, about 4 lb. were discharged; and every day, for eight or ten days, about 2 lb. were discharged; after which, the discharge gradually decreased, until the wound healed up altogether, which was about six weeks from the operation. During this time, nothing was neglected which the critical nature of his case seemed to require. At every dressing, while the wound remained open, his breath issued forth from his side during expiration with a whistling noise, and with considerable force, sufficient to blow out a candle at some distance.

The expectoration, which had been so profuse previous to the operation, immediately disappeared on its being performed, and never returned; unless occasionally when the orifice ceased to discharge for a day, or past the usual time; but it quickly disappeared on the discharge being re-established; proving the great utility of the operation, and indicating the free and ex-

tensive communication between the external orifice and the bronchia.

He now recovered health and strength rapidly ; so that, in three months, he was quite well, and declared he never enjoyed better health in his life, only that he was a little more easily fatigued by exercise. He then resumed his trade as a weaver, and has since enjoyed good health, perfectly free from all complaints.

I have thus given a very brief and cursory outline of the particulars of this very extraordinary case, which is a striking instance of the utility of active treatment, and the impropriety of resigning the unhappy sufferer to his fate, although in circumstances seemingly very unfavourable. It is also evident, that if the operation had been performed when first proposed, the case would have been much more favourable, and with much less risk of disappointment.

It affords, also, a strong presumption that it would be likely to succeed in many more cases than is generally supposed, providing it be performed in proper time, and in the proper manner. The recovery of the patient in the case above described, after such an extensive ulceration and destruction of the substance of the lungs which must have taken place, must, indeed, by every one be acknowledged as very extraordinary, considering such a large mass of vitiated matter so long in contact with such irritable and important organs as the lungs ; which likewise affords the strongest presumption, that, when this case succeeded in such very unfavourable circumstances, in one so far exhausted, so long labouring under such profuse colliquative discharges, and all the destructive devastations of hectic fever, our hopes may be sanguine in those cases where few or none of those untoward circumstances may have occurred.

We are reminded by all writers on inflammation of the important necessity of evacuating, as early as possible, all collections of matter in the vicinity of large joints, blood-vessels, or important organs. Then, surely, of all the organs of the body, there are none of more importance than the lungs and thoracic viscera. Therefore, I think it is our duty, in every case where it is in any wise practicable, to have recourse to the operation.

Banbridge, County of Down, Ireland.