

ART. XVII.—*Notes of Cases, with Practical Observations.* By R. FITZMAURICE, L.K. & Q.C.P.I., L.R.C.S.I.; Physician to Tralee Dispensary.

THE frequent observance in my practice latterly of pneumonia in children and infants, and in some cases in which chest symptoms were absent, has led me to conclude that the disease is often mistaken for other ailments, as dentition, remittent fever, worms, and bronchitis, and has caused me to publish the following few cases out of many, with the view of drawing attention to the prevalence of the disease, and the value of blistering as a means of treatment. It seems difficult, no doubt, to diagnose pneumonia in the child, from the struggles of the little patient, but by keeping the ear perseveringly to the chest, when exhaustion takes place, the hurried breathing facilitates the discovery of tubular breathing, the first sign of pneumonia generally observed in the child, however closely the case may be watched. Dr. West, in his admirable book on *Diseases of Children*, at page 6, states that if the posterior part of the chest is free from a considerable amount of crepitation we may conclude that the infant is not suffering from any serious disease of the lungs. This remark seems to me to be inaccurate, as in my experience simple hepatized lung is oftener found in other parts of the chest than the posterior, the usual seat of it in the adult. Blistering, though abandoned by some practitioners, is, in my opinion, the sheet anchor in this disease. Dr. West has given up blistering, and he says if a blister is applied the blistered surface should be pricked with a needle and the part then dressed with French wadding. In this advice the mistake lies. If a blister is put on an infant, left on a suitable time, the part then dressed with mercurial ointment on lint, and then covered with French wadding, kept on with a few strips of adhesive plaster, and not removed for some days, unless the blisters break, nothing but good will result from it; but if the blisters are cut or pricked, air will enter, a raw surface be exposed, and a troublesome sore probably result. Mercurial ointment, I find, excludes air more effectually than simple dressing, and, no doubt, has a resolving effect on the inflammation; and by keeping the child as much as possible on the healthy side the bursting of blisters will be avoided; and all practitioners will agree with the late Dr. Graves that all good results will be achieved without opening.

Called to see Connor, a year and ten months old, a child of a

poor man; found him very feverish, heavy, prostrate, and thirsty; treated him for some time for teething, but his symptoms increasing I suspected that something more serious was the matter, and examined him closely for some days, at the end of which time I observed that the upper part of the right side did not expand equally with the left; detected slight dulness under the clavicle, attended with tubular breathing; blistered immediately, and dressed blistered surface with mercurial ointment and French wadding, and rubbed mercurial ointment in the ordinary manner into the armpits. Next day the little patient was quite lively, tubular breathing replaced by respiratory murmur, and all symptoms much relieved; recovery in a few days. This child was very ill indeed, and had to be sustained with chicken broth and wine before treatment was directed to the inflamed lung.

Shanahan, a child of a shopkeeper, six months old, attended by an apothecary for some days, and treated for worms. His state becoming alarming I was called to see him, and found him very ill, lying on his back; belly tympanitic, breathing very hurried, and the case apparently hopeless; examined him closely, and found dulness on percussion, and tubular breathing under right clavicle. Ordered enema of asafœtida; belly to be stuped, and treated the hepatized lung as the case given above. Next day he was much improved; however, his pulse continuing high, and stethoscopic examination disclosing respiratory murmur over the blistered part, but tubular breathing in the axilla of same side, attended with dulness on percussion, I blistered this part immediately, and next day symptoms were much lessened; respiratory murmur in axilla, and recovery in some days.

An infant, six weeks old, for some days brought to dispensary, and got expectorants for cough and oppression. The child continuing very ill, and getting worse, I made an examination of the chest, and detected dulness on percussion, and tubular breathing in right axilla and along the lower edge of the great pectoral muscle; put on rather a large blister that covered all the dull part; blistered surface dressed with mercurial ointment and French wadding; respiratory murmur restored next day, and recovery very soon. The blister in a few days shrivelled up, and healed without a bad symptom.

Almon, a child of a shopkeeper, ten months old, got symptoms of croup on the night of the 1st January last; called to see him on the following night, and found him in high fever, stridor, croupy

cough, and much oppression; ordered him immediately to be put into a warm bath, and left in it for ten minutes; gave a teaspoonful of hippo wine<sup>a</sup> every ten minutes till vomiting occurred. He was somewhat relieved, but next day became very ill again. I then used a solution of tartar emetic, which had to be stopped very soon, as he got very weak and oppressed; became very soon almost hopeless, and as a last resource I put him on strong decoction of senega, as recommended by Dr. Gibb in his book on *Diseases of the Throat*; <sup>b</sup> of this decoction he took during the night a pint in dessert spoonfuls, and next day I was agreeably surprised to find him much less oppressed, and cough soft and loose. I stopped the decoction during the day and gave him chicken broth—but toward evening the symptoms of croup returned, and he got within a short time an ounce and a half of hippo wine in teaspoonfuls every ten minutes. No amendment taking place I ordered him another pint of the decoction of senega, to be given during the night, and on commencing it he began again to improve, and recovered ultimately; his recovery attributable, no doubt, to the decoction of senega, as the case was apparently beyond the time for the operation of tracheotomy. In a day or two after the croupy symptoms had subsided I remarked that he had a catch in his breathing; his pulse continuing high I examined his chest closely, and found hepatized lung near the base of the left scapula. I blistered the part immediately, and dressed the blistered surface with mercurial ointment and French wadding, as in the other cases, and the little patient made an excellent recovery. When the lung begins to resolve mercury in any form is stopped at once, and the ointment washed off the armpits.

#### CASES OF EFFUSION INTO THE CHEST.

Miss M. D. was feverish for some days, and found her as follows: Pain in left side with high fever; examined chest and found no signs of pleurisy or pneumonia; applied a few leeches to the side, and gave some mild aperient medicine. In a few days enteritis set in, evidenced by constipation, tympanitis, and tenderness of abdomen,

<sup>a</sup> In reading over the review of Dr. Spence's work in the last number of this Journal I see he prefers hippo wine to tartar emetic in the treatment of croup, and this quite accords with my practice for some years past.

<sup>b</sup> Senega root two ounces, well bruised and broken up, boil in a pint and a half of water in a small saucepan down to a pint, strain, and cool it, and administer it in doses of a dessert spoonful every ten minutes till free vomiting takes place with expulsion of membrane. In the case of Almon no vomiting occurred from the administration of the senega, yet it had a wonderful effect on a most *hopeless* case of croup.

with high fever; leeches the abdomen freely, stupor, gave enemata of asafœtida and turpentine, and rubbed mercurial ointment into the armpits and groins. She continued for some days in apparently great danger; symptoms unsubdued; when suddenly the abdomen relaxed, and after this the bowels were moved, but the pulse continuing high, and the child very ill, I examined the chest again, and found dulness on percussion from the middle of the scapula to the base of the lung, and over this part there was feeble respiration; blistered immediately, and continued the mercurial inunction. The effusion increased, and dulness was observed in the axilla, along the edge of the pectoral muscle, and under the clavicle. At this time the heart was dislocated to the right side, but what was extraordinary that in a few days there was marked tympanitic dulness from the clavicle to near the nipple, and over this part there was loud cavernous breathing, signs that were observed for two or three successive days of accurate observation. At this time the child was emaciated to a degree; no appetite; *pulse very high and weak*, and she was unable to move in bed. I concluded from the symptoms and signs that the case was one of pleuro pneumonia, ending in a rapidly formed cavity, either phthisical or pneumonic, or an enlarged bronchial tube. The opposite lung during this time was quite free from disease, and the breathing puerile. From her state of debility, very quick pulse, and emaciation, coupled with the physical signs, I gave my opinion that she could not recover. Of course all mercurials were stopped, wine and nourishing diet enjoined, and tincture of iodine painted under the clavicle, and under this treatment, by slow degrees, she got better, and most unexpectedly recovered. In some months after I examined her chest and found no trace of disease; respiration equal at both sides, and the child is now plump and healthy. Some months after this case a child named Quinell, 18 months old, was brought to my house as follows:—irritable, emaciated, pale, and oppressed, pulse very quick, and suffering from pemphigus gangrenosa on different parts of the body. On examining the chest, which was very difficult, from the child's irritability, tympanitic dulness was observed on the anterior and upper part of the right lung from the clavicle to the nipple, and over this part the breathing was somewhat louder than puerile; at the lower edge of the great pectoral, near the nipple, distant tubular breathing was heard, with a large crepitus, and all over the posterior part of this side of the chest there was absolute dulness on percussion, absence of respiratory murmur, and want of local

vibration. The only sign observed in the opposite lung was numerous bronchial râles all over it. This was a most unpromising case, but from my experience of Miss D.'s case I announced to the parents, which appeared to them ridiculous, that the child was likely to recover. I ordered tepid salt water baths daily, gave cod liver oil, syrup of iodide of iron, nourishing broth and milk, and had tincture of iodine painted externally, and the "burnt holes" dressed with equal parts of oxide of zinc and spermaceti ointment. The recovery was so slow that it was scarce perceptible for some months, and the parents often questioned the advisability of further treatment; however, the old grandmother, who nursed the child, persevered against hope, and the result was complete recovery, and the child is now perfectly well and healthy.

*Remarks.*—The point of interest in Miss D.'s case refers to the tympanitic dulness and cavernous breathing under the left clavicle, the solution of which seems to be very difficult. We know that a tympanitic state of the chest may result from different causes—as secretion of air into the pleural cavity, pneumo thorax, a large cavity, an enlarged bronchial tube, and a distended stomach, but in this case we cannot, I think, attribute the physical signs in question to any of those causes. I have observed, after solidification of the lung, attended with tubular breathing, that for some time puerile breathing is heard over the part, and may there not have been in this case pneumonia of the upper part of the lung, which was more or less pushed upwards and forwards by the fluid behind, and when the resolution of the pneumonia took place there may have been an expansive state of the air cells and small tubes which gave rise to the cavernous breathing, or may the lung be compressed by secretion of air, and the cavernous breathing conveyed from the trachea? I would be inclined to adopt the former view, as the breathing appeared so close to the ear, and gave the idea that it came from a large cavern. In Miss D.'s case the sound on percussion partook more of a tympanitic state than a tympanitic dulness. In Quinell's case it was more of a tympanitic dulness, and therefore the breathing in this latter I did not consider cavernous, but louder than puerile. However this may be, tympanitic dulness on the anterior part of the chest I look upon as one of the signs attendant on pleuritic effusion, especially in children, and if distant tubular breathing is heard elsewhere, at that side, it confirms the diagnosis (of course with other signs) of effusion into the pleural cavity as opposed to phthisical abscess.