

A CASE OF PLEURISY WITH ABUNDANT EFFUSION.

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I herewith offer for consideration some fragmentary notes on a case of the above nature.

The subject was a Clydesdale gelding, seven years old, previously in good condition. When I first saw the horse, about the beginning of February of this year, he was suffering from influenza, which became complicated with slight pleuritic lesions. All seemed to go well, and the horse was discharged convalescent after three weeks' treatment. About a week after his apparent recovery I was again called to see him, and found him suffering from pleuritis of a sub-acute nature, with slight effusion into the thorax, both sides being affected. The pulse was 54, temperature 102° F., respirations slightly accelerated. A strong sinapism was at once applied to both sides of the chest, followed later on by hot woollen cloths applied continuously, and renewed repeatedly throughout the day. The latter were repeated daily, the horse being warmly clothed with dry rugs during the nights.

Very little change in the general symptoms took place for some days (the pulse and temperature with only very slight variations remained respectively at 54 and 102° F.), but on the 3rd March a very rapid and serious rise in pulse and temperature occurred. The respirations likewise became exceedingly laboured, and there was marked increase in the effusion. The medicinal treatment, since the commencement of the relapse, had consisted in the administration three times daily of the following agents in bolus—potas. iodid. gr. 40, quinae sulph. ʒss. , ammon carb. ʒij. , pulv. gentian ʒij. , and also five ounces of whisky three times daily in water, of which the animal partook readily.

The appetite being fickle, the diet was varied almost daily, but was always of a light nature.

The symptoms daily became aggravated until the 6th, when the horse was on the verge of suffocation from pressure of the effusion on the lungs and heart. On this date I performed paracentesis thoracis on the right side, between the fifth and sixth ribs, and withdrew $5\frac{2}{3}$ gallons of transparent amber-coloured serous fluid. The effects on the patient were very marked and satisfactory. The pulse prior to the operation was fluttering and feeble, and numbered about 100. The respirations were in like manner most violent, and painful to behold. The former fell to 60 by the time all the liquid had been withdrawn, and the latter became nearly normal.

The following day (the 7th) I found the fluid had again collected in large quantities, and I withdrew from the same place $3\frac{1}{3}$ gallons, again giving great relief.

On the 8th the patient was in a highly satisfactory condition. Pulse 54, temperature 102° F. Respirations almost normal and appetite good. Although there was a small amount of effusion thrown out, I did not consider it necessary to operate, but on the 9th all the previous aggravated symptoms re-appeared. I tapped this time between the sixth and seventh ribs, and gave exit to four gallons. The effects were as before—an immediate fall in the pulse, relief to the

respirations, and a complete transformation in the appearance of the patient.

On the 10th his condition was fairly good. There was again an increase in the exudate, but not to such an extent as to warrant operation. On the 11th the symptoms were again unfavourable, and on this day I withdrew one gallon. The relief gained on this occasion was not so apparent, and the patient was daily losing flesh and strength. On the 12th another gallon was withdrawn.

The 13th showed the patient much worse, although there was very little fluid in the chest. The respirations were very laboured ; pulse 72, and weak.

14th. I had now no hopes of a recovery. There were apparently extensive adhesions between the layers of pleuræ, and consolidation of the lower parts of the lungs. Tapping was performed for the last time, and $\frac{1}{3}$ of a gallon withdrawn, but no perceptible relief was experienced. The animal lingered on until the 18th, on which date it was found dead in the loose-box in the morning.

Post-mortem examination showed, as anticipated, extensive adhesions, and consolidation of the lungs in patches which were of a fibrous nature, indicating a previous attack or attacks. At the time of death there was only a small quantity of fluid in the thoracic cavity.

Although the termination of the case was unsatisfactory, still there are one or two points of interest.

For one thing the operation of tapping demonstrated the fact that both sides of the chest can be effectually emptied by puncture on one side only (the right side in preference), the communication being, I presume, through the network in the posterior mediastinum. Prior to tapping on each occasion, the extent of fluid was carefully noted, and on the completion of the operation it was found each time that there was a corresponding reduction on each side. Another point is the enormous quantity of serous fluid which continued to be poured out throughout the later stages of the disease, in all $15\frac{1}{3}$ gallons.

TUBERCULOSIS IN THE HORSE.

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So few cases of tuberculosis in the horse have been recorded that I have thought it might be interesting to some of the readers of *The Journal of Comparative Pathology and Therapeutics* to give the history of a case which has come under my observation. Whether the paucity of numbers reported is due to the rarity of this disease in the horse, or whether it may be due to an overlook on our part, in not making *post-mortem* examinations, I know not ; perhaps it may in many cases be due to our mistaking this disease for some other. In the present instance a mistake could scarcely have been made.

The subject of this case was a bay Clydesdale horse, four years old. When he was brought to me for treatment on the 4th July 1889, I could get no more information concerning him than that he had not been taking his food well for some time, but had been working regularly up to date. With the exception of a languid appearance,