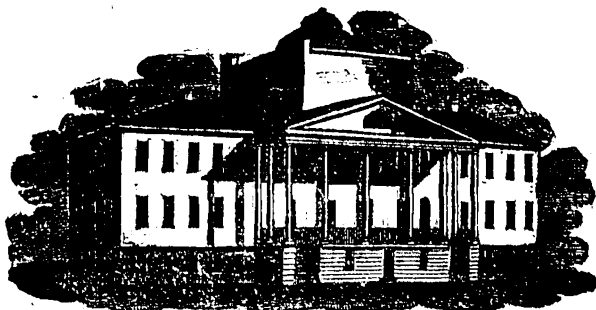


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I.

Account of a Case of Empyema, with the Appearances on Dis- section.

By Z. B. ADAMS, M.D.

C. G. about five years old, had always enjoyed tolerable health, though puny and palefaced in his appearance, until the attack of the disease which terminated his life.

About the 1st of January he began to droop, after complaining of being weary; at times, was observed to be slightly feverish, though he did not appear to have taken cold. Some common family medicines were prescribed, he was still permitted to go to school, and but little notice was taken of his complaints until the 10th, when medical aid was first called.

He was found with the usual symptoms of fever, with a tendency to the lungs, loss of appetite, pulse small and frequent, tongue slightly coated with a whit-

ish fur, pain in the side, and an unusual soreness to the touch all over his body and limbs, accompanied by a slight dry cough. Most of these symptoms were in a few days subdued by the usual evacuants and the application of a blister to the pained part. His tongue became clean, his skin cooler, his appetite returned, and he was considered convalescent, though the same universal soreness continued, with nearly the same frequency of pulse. In a few days, however, he began to be attacked, at irregular intervals, with rigors more or less severe, followed by heat and profuse sweats. These were also accompanied by a pain, which he referred to the abdomen, the left side, a little above the ilium, which was speedily removed by a blister. As no particular evidence existed at this time of any local affection as the cause of the paroxysms, and especially as they became very regular in their daily occurrence, it was determined to try the liq.

arsenical. as in intermittent fever, which however disagreeing with the stomach, the sulph. quin. was substituted, which immediately put a check to the rigors, and much diminished the whole paroxysms. There was, however, at some period in every twenty-four hours, a great sense of uneasiness and restlessness, accompanied by increased heat, difficulty of breathing, and pulse nearly as frequent as could be counted; this would sometimes last three or four hours and gradually subside, after which he would call for food and remain tolerably comfortable the remainder of the day. It was thus rendered probable that suppuration in some internal organ, or some of the large joints, might be the cause of these paroxysms. A consultation was held; but as nothing could be made evident, it was concluded to use the warm bath, with light tonics and aperients, and wait the event. He soon however became manifestly much worse, the rigors and fever returned as violently as before, with the general soreness, without pain in any part. In a short time the violence of the paroxysms was again subdued by the sulph. of quinine, when he remained much as before, though evidently growing weaker and more emaciated. His breathing also during his uneasy turns, became very rapid and anxious. During the first six weeks of his illness, it was with difficulty he could be removed from his bed; motion hurt him, though we could not tell where, and he wished to lie continually. At this time, though he rested chiefly on his back, yet he would lie on either side without inconvenience. A small dry cough had followed him through the whole;

but now he would have sometimes whole days of coughing and raising a thin glairy mucus, which nothing would seem to quell.

At this time Dr. Jackson saw him, and thought it pretty evident that the symptoms indicated the formation of matter somewhere; and upon examining the abdomen he thought a little more tenderness on pressure, was perceived on the right side, and advised the application of a blister to that part, and that no more active internal treatment should be pursued, until a little more light could be thrown upon the case. In the mean time, recommended gentle rubbing of the body with a mild liniment, with a view to determine the part diseased, and in particular, that the hips should be carefully examined. The blister proved a very sore one, and was succeeded by three large boils, which successively suppurated and discharged freely. Immediately after the application of this blister, it was perceived that the three lower ribs of the right side began to project, and soon a very considerable tumor became evident there; the bowels also were growing more and more tumid, with a considerable unequal protuberance on the left side. It is somewhat remarkable, that during the boils he could not lie on the right side, but rested on his left side or back. During the whole sickness he could not stand straight, nor bear much weight on his feet. Soon after the appearance of the tumor, the right side of the chest was examined with the stethoscope and by percussion. Percussion evidently gave a dull sound, though, from fear on the part of the patient, it was imperfectly performed. With the ste-

thoscope, Dr. Jackson agreed with me in the belief that the sound of respiration could be heard at the upper part of the chest, and thinks it now probable that, at that time, (viz. a fortnight before death,) the upper part of the right lung might have admitted air. It appeared to me that the sound of respiration could be indistinctly heard at the very lowest point of the tumor, which led me to think it probable that the abscess might be below the diaphragm. Dr. J. however, concluded that the right thorax was the seat of the disease, though it could not be determined whether the pus was formed in the substance of the lung, or between the pleuras. He advised to watch carefully for any appearance of pointing externally, and if it should happen, that the abscess should be opened.

The tumor extended so low that it was evident the diaphragm was much pressed downwards, if indeed the tumor were not below it. From this time, the little patient began more evidently to sink; his breathing became every day more and more laborious, and he was obliged to choose the semi-erect position, inclining to the right side; until, for some days before his death, every power of his system, both mental and corporeal, was brought into requisition to assist in respiration, so that for several days and nights he could scarcely lose himself for a moment in sleep, without danger of suffocation. He finally died, apparently from the continued and increased pressure upon the bronchiæ, rendering it impossible for him to draw another breath. He retained his senses to the very last.

Twenty hours after death, (which took place on the 15th

of April,) the body was examined. External appearance natural as to color; the whole body much emaciated; abdomen very large and hard, and particularly protuberant on the left side. The tumor on the right side very distinct, pressing out the three lower ribs, though without any appearance of pointing. Upon making an incision down over the sternum and linea alba, the integuments and muscles were found exceedingly thin. On opening into the abdomen, the liver appeared to occupy almost the whole of it; being forced out of its place by pressure above the diaphragm, which was observed to be protruded downwards quite into the abdomen. The ribs of the right side were forced apart by the distention from within, so that the muscular covering of the chest was very thin; and accidentally, while removing the integuments, it was touched by the knife, and immediately there followed a jet of purulent matter to the height of nearly a foot. The opening was immediately enlarged, and the body turned over, that the remainder might be caught in a vessel; and as nearly as we could determine, about two quarts of a thin greenish pus, filled with foci of coagulable lymph, were discharged. Upon minute examination, it was concluded that the lungs were sound on both sides, that the abscess was formed between the pleuras, and that the right lobe of the lungs was so entirely compressed by it as to be completely useless. The mediastinum was pressed considerably towards the left side. The left lobe of the lungs appeared small, but healthy.

Boston, April, 1828.

Additional Case. By JOHN WARE, M. D.

IN connexion with the preceding case, it will perhaps be interesting to relate one having some points of resemblance with it, particularly as it respects the appearances on dissection.

William Parsons, aged 25, was admitted into the Boston Alms-House July 16th, 1824, in a state of great distress. He had received an injury upon the right side of the chest some time since, which had been followed by his present complaint. His symptoms were those of an advanced stage of unrelieved pneumonitis or pleurisy. The pain in the side was most excruciating; the respiration was short, laborious, hurried, was carried on with great agony, and could not be maintained in the horizontal posture without much distress. The pulse were very quick. The cheeks, lips and tongue livid; the extremities livid and cold. The stethoscope was not applied, but upon percussion the left side of the chest gave the natural sound, whilst the right resounded as if it were hollow. This patient was bled, blistered, and treated by mercurials. He was relieved in some measure of his distress, and was able in some degree to lie down; but died July 19th.

On dissection, when the skin had been removed and the cartilages of the ribs cut through, there was a great escape from the right side of a very fetid gas. When the sternum was removed, the right cavity of the thorax seemed to be half full of a dirty, whey-like sort of pus, with shreds of lymph floating in it. The lungs seemed at first to have entirely

disappeared, and the remaining part of the cavity of the chest had been occupied by the gas which had escaped. On a more particular examination, the remains of the lungs were found at the upper part of the cavity, without any breach of surface whatever, or actual loss of substance by ulceration, but compressed by the effusion of fluid and gas into the cavity of the pleura, to a size not larger than that of a man's fist. The form, relative size, &c. of the several lobes were perfectly distinct, although they had shrunk away into the appearance of little shrivelled knobs, and looked very nearly as they would have done after soaking for a long time in a strong alcoholic solution of corrosive sublimate. The pleura lining the chest had been highly inflamed, and was covered by a layer of dark colored coagulable lymph.

II.

A Case of Malignant Chickenpox.

By D. HUMPHREYS STOREY, M.D.

ON the 29th of April, between 8 and 9 o'clock, A. M., I was called to visit a child of Mr. James Spear, in Front Street. The child, a boy eight months old, was found lying in its mother's arms, in a comatose state. Before an opportunity was afforded me of making any inquiries, the mother very anxiously desired my opinion of the disease. Several *vibices* situated on the forehead and left temple, four or five in number, one or two of the size of a fourpence, and varying in color from a light brown to the darkest venous blood, first claimed my attention. It being impossible to