

enteritis of the lower part of the intestinal canal, gradually extending upwards. The progress of the disease in these cases differs from that in duodenitis in being always much slower, and not marked by any of the acute symptoms by which the former is indicated.

These divisions of the causes of cirrhosis account fully for the differences observed in various examinations in the several component parts of the liver and its adjuncts. In the present case it is probable that the disease commenced as inflammation of the duodenum, and that a neglected hepatitis, the consequence of it, terminated in cirrhosis of the liver.

ART. XVIII.—*Brief Remarks on some Points connected with Pneumonia*. By HENRY KENNEDY, A. B., M.R.I.A., Physician Extraordinary to Sir Patrick Dun's Hospital*.

SEVERAL years have now elapsed since I took notes of a number of cases of pneumonia, which, occurring, as they did, within a very brief period of each other, might almost be called an epidemic of the disease. At any rate the cases presented some features of interest, which I have often had occasion to verify since; and which I purpose making the basis of a few remarks. I should say that the cases occurred all in the spring of the year, at a time when the sun was unusually hot, and the wind in the shade, piercingly cold. I would also wish it to be understood that the remarks are in truth "*dissecta membra*;" and only so far related, as that they all occurred in the one disease. The number of cases of which I took notes at the time amounted to 17; and it is worthy of remark that of these the disease prevailed in the left lung in 12; in 2 it was double, and in the remaining 3 it was confined exclusively to the right side. What determined the disease to show itself in this particular way, it would be hard to determine: for it is known to be directly contrary to the statistics of pneumonia brought out on an infinitely more extended scale, the right lung being the one most generally affected; nor in the particular instance given was the disease of the typhoid type. True, the numbers I have alluded to are very small, and yet I cannot but think the fact stated is a remarkable one, and worthy of record. I have seen nothing like it since.

A second point which the cases alluded to forced on my attention was, the time which elapsed previously to the develop-

* Read before the Surgical Society of Ireland.

ment of the physical signs. This is a point which has been very commonly observed in reference to all kinds of fevers, where two or more days will elapse before we can pronounce as to the nature of the attack. But it has not been so generally observed upon in the acute phlegmasiæ, particularly those of the chest; and yet it is very common. I have now had occasion to observe it in a large number of instances. That is, we will have all the general signs of the disease, as, for instance, pneumonia, pleuritis, pericarditis, and even bronchitis, and yet we will not have the physical signs developed, on which alone we can pronounce with certainty. And thus forty-eight hours and even more will pass over, and we will be kept in doubt all this time. This point has been especially noticed in reference to pericarditis, and particularly by Dr. Mayne in his able Essay on that disease. But it also obtains in the other affections spoken of; pneumonia affording very marked examples of it. Some time back I saw, with my friend, Dr. Denham, a case of this sort, where three entire days elapsed before we could pronounce a case to be one of pneumonia. In this instance, besides sharp feverish symptoms ushering in the attack, there was also marked vomiting at the commencement; a symptom little likely to lead to a correct diagnosis. I may mention, too, that exactly the same occurrence often happens in pneumothorax, where, though we have the strongest presumptive proofs of the accident having taken place, yet thirty-six or forty-eight hours may elapse before the physical signs are evident. It may be observed in passing, that while examining the lung, in which physical signs of pneumonia were afterwards developed, the respiration was almost invariably weaker than on the opposite side; and I cannot but think, though high authority has stated it, that a puerile respiration, at this stage, must be a very exceptional case indeed.

From what has preceded, then, it will be understood why it has appeared to me necessary to direct more attention to what may be called the initiatory stage of the acute phlegmasiæ of the chest, and more particularly of pneumonia, than it has hitherto received. The diagnosis of disease is too important a point to neglect any facts which tend to throw light on the difficulties which surround it, and what has been stated bears on it directly.

The seat of pain in pneumonia, when it exists, for it does not always do so, very generally corresponds to the seat of the disease. I have now, however, seen a number of cases where this correspondence did not take place; and I believe the point worthy of notice. I am not now speaking of the period before

the disease has declared itself; where, as is well known, flying pains in different parts are often complained of, but of a period when the disease is fully formed. Thus I have repeatedly seen the pain complained of in the usual site, low down on either side, or under the breast, and yet the disease itself has been at the top of the lung; and in some instances there has been evidence of healthy lung intervening between the diseased portion at the top and the seat of the pain. Again, I have met, though rarely, cases where the pain was referred to one side, whilst the disease was situated at the opposite. One of the most remarkable of such cases occurred very lately in Cork-street hospital, under the care of my friend, Dr. G. A. Kennedy. In this instance a man named Grady, eighteen years of age, was admitted with very sharp fever, and complaining of severe pain in the left side, in the usual site. He lay in bed inclined to the right side, but not lying completely on it. On examination I found the left lung affected with puerile respiration from top to bottom, and with this a very clear sound on percussion. In fact there was no sign whatever of pneumonia affecting this lung, *though he had been some days ill* on admission. On the right side, however, I must say I was somewhat surprised to find the lung solid, as it is erroneously said, from top to bottom; in fact affording a marked example of tubular respiration^a. Although I examined this man several times subsequently, I never detected any change in the physical signs on the left side. The cause of the pain, in both the class of cases, is probably due to the presence of some amount of pleuritis, though physical signs may not always be present to show this. I have sometimes thought, however, that it might be due to some spasm of the intercostals, being the affection known as pleurodynia.

Speaking of the seat of pneumonia, I would allude to a case which I saw several years since, and appears worthy of being put on record.

A girl of 16, five days ill, was admitted into the hospital labouring under a very serious illness. Her pulse was upwards of 140; her breathing very hurried, and she was raving. On examination, dulness was found in the right mammary region, and this reached the clavicles. Posteriorly, however, corresponding to the dull region in front, the sound on percussion was remarkably clear. To the stethoscope, tubular breathing was heard in front, while posteriorly it was natural, but pos-

^a On another occasion I have adverted to the fact that the lung does not become absolutely solid in any form of pneumonia, though from the accounts in books this might be inferred. Some of the bronchial tubes always remain open, and afford some respiration during life, and may be always seen after death.

sibly a shade stronger than usual. There was not a trace of crepitus anywhere. The girl died on the night of the day she was admitted; and on examination, a fine specimen of pneumonia, in the second stage, was found; but it was confined exclusively to the anterior surface of the middle and upper lobes of the lung, the posterior being quite healthy. The lower lobe was not engaged at all. I have given this case as affording an unusual modification of the seat of pneumonic disease, and as such, worthy of note. I have also seen the base of one, and the top of the opposite lung, affected at the same time.

The expectoration of pneumonia has, from the time of Laennec, attracted much notice; nor am I going to speak of it now at any length. I would just observe, that it often affords a confirmation of the point with which I began these remarks—viz., that the physical signs may not exist for one, two, or three days, after the attack has commenced. Just in the same way there may be no expectoration for many hours after the disease has shown itself, even though at the time there is cough. Cases, too, occur where, though there is expectoration in the first instance, still it does not assume the character of rusty sputa till some time later in the disease. The total absence of sputa during the whole disease has also come under my notice, even in adults; and this has been observed by others. There is, however, one symptom connected with the expectoration which has several times come before me, and which calls for more notice than, I believe, it has hitherto received. I mean hemoptysis, as quite separate from rusty sputa. This may occur to a very considerable extent. Amongst the 17 cases to which I have so often alluded, it took place in no less than 3; and in one of these a large quantity of blood was lost. Since that time, I have often seen it in solitary cases. It is one of the few instances in which hemoptysis may occur in a man, and yet be of comparatively little moment. There will be occasion to allude to this occurrence again.

On the subject of crisis occurring in the progress of pneumonia, I need scarcely speak again; for on a late occasion, special attention was directed to it. I shall only add, that since then, two examples came under my notice in the Cork-street hospital. They occurred in the same week, began very nearly at the same hour in the morning; and one, especially, was really as marked an example of the occurrence as I ever saw in essential fever. In both instances, the crisis was by perspiration; and in one there was, in addition, a copious deposit in

the urine. As a whole, I cannot but look upon the fact as an important one in the history of the disease.

Dr. Addison, of London, has drawn special attention to the presence of what is known as "calor mordax," as diagnostic of pneumonia. It has often come under my notice; and in the 17 cases already spoken of, it existed in the great majority, and in a marked degree. On the other hand, I have seen a much greater number of cases where it was not present; many of these, too, where, with livid extremities, the temperature of the surface was actually below the healthy standard, and afforded no biting sensation to the hand. Neither is it confined, as all must be aware, to pneumonia. I have met with it often in scarlatina, in erysipelas, in ordinary fevers, and, more especially, the febrile affections of childhood. For these reasons, then, I would certainly not give it the prominent place Dr. Addison has; for, from reading his essay, one would really be led to think it was the *sine qua non* of pneumonia.

The complications of pneumonia are amongst the most important parts of the subject. Yet it is my intention here to notice one only, to which, some time back, I briefly directed attention. Each year since, however, is adding to the importance of the complication, and showing me it is one, which calls for more special attention than, as far as I am aware, it has hitherto received,—I allude to pneumonia, complicated with affection of the brain. Hippocrates notices the fact of raving in the progress of the disease; and he makes it a fatal symptom. This is going farther than is quite correct, at least, in this city; for I have seen a good many cases now where patients recovered after having exhibited it, and who raved even while awake. It is not the mere existence of raving, however, to which I would now direct attention, but the fact that the symptom is often due, in such cases, to actual disease of the brain or its membranes. It is now several years since I had occasion to examine a case where, during life, raving existed. Being curious to ascertain the state of the brain, I opened the head, when, to my surprise, I found lymph effused in considerable quantity—in fact, a genuine arachnitis. This I have met different times since; and more especially, when pneumonia affects the upper lobe of the lung. Hence one reason, at least, why this latter affection is so much more fatal than ordinary pneumonia, as probably every one is aware. Hence, also, the importance of ascertaining whether the raving be merely sympathetic, or due to actual disease. Hence, too, the question of treatment, and especially in the latter case. In

fact, the existence of disease in the brain alters, in every point, our views of the subject. But this may go still farther; and actual paralysis may happen in the class of cases I am now speaking of. For the notes of the following case I am indebted to my friend, Dr. Albert Walshe:—

A young man, aged twenty, rather delicate, was attacked with feverish symptoms, which were treated as fever for eight days. Dr. Walshe then first saw the patient, and detected pneumonia affecting chiefly the upper lobe of the left lung. The fever ran very high, and there was "calor mordax." The patient also complained of headach, and had raved during the night. By means of local treatment, and calomel and opium, the symptoms subsided a good deal, and the patient expressed much relief as regarded his head. The pulse, too, which had been 130, fell to 96. Two days later, however, he began to complain again of his head, and a day later still the right side suddenly became paralytic. The tongue was protruded to one side, and he was unable to speak. From this state, though active remedies were used to the head, he never rallied. The physical signs in the chest improved a good deal before death, which took place within forty-eight hours of the occurrence of the paralysis. There was no post-mortem examination. There can, however, be little doubt, from what has gone before, that serious mischief existed in the brain, and of the acute kind.

In connexion with this particular point, that is, the co-existence of affection of the brain with disease in the chest or abdomen, I may mention that something very analogous occurs, and not unfrequently, in chronic disease. Thus, in some cases of tabes mesenterica, after it had existed for months, I have seen the signs of the disease lull, as it were, and then be succeeded by disease of the brain, of the nature of hydrocephalus. And again, in phthisis, but this is more rare, the very same thing has come under my notice; and it was really curious to observe, in both these complications, how very latent the original disease became. The occasional connexion of phthisis with disease of the brain has been specially written on, in a paper which I recollect reading many years since. On the whole, this complication of diseases in the chest and brain seems to me one of considerable importance.

On the treatment of pneumonia I have little to say. I would, however, venture to call in question the tendency, if it be nothing more, which is beginning to prevail just now—I mean the idea that bloodletting of any kind is injurious, and which has been advocated by Skey, Todd, Bennett, and others. I am satisfied that these opinions may be carried too far; and

that in some instances general and, in by far the majority of instances, local depletion may be used with the most marked advantage. Cold extremities and a weak pulse at the wrist are not to deter from active treatment, provided there be evidence of acute pneumonia in its first stage, and of short duration. The result of depletion, of whatever form, in such cases, is too marked to admit of doubt. The relief expressed by the patient; the development of the pulse; the very increase of the animal heat itself, all show that these are due to the depletion. Two facts also, already spoken of, appear to me to bear strongly on this question. The first is, that I have seen distinct crisis occur after a marked antiphlogistic treatment. I am not sure that any single argument could be advanced which would confirm the value of active treatment more distinctly than this; for, had the treatment been injudicious, it would surely have interfered with such a process as crisis. The truth is, that in the proper cases for antiphlogistic treatment, the result is to lower the excitement of the system, which was too great to allow a process like crisis to go on. It does not appear possible to explain the fact on any other supposition.

The second point which I think confirmatory of the propriety of a depletory treatment in the proper cases has been already alluded to—I mean the existence of hemoptysis. If nature herself relieves the lung by a direct outpouring of blood, it appears to me, the practitioner will rarely err, who with ordinary judgment has recourse to the same plan.

In concluding these desultory remarks, I shall venture to throw into a series of propositions the points which have appeared to me worthy of being brought under notice.

1. That the general signs of pneumonia often precede the physical, by a period of from one to three days.

2. That pain may exist low in the side, though the disease be at the top of the lung.

3. That pain may exist in the side opposite to the disease, and would appear to be, at times, due to spasm of the intercostal muscles, rather than pleuritis.

4. That pneumonia may affect the anterior surface of the lung, leaving the posterior free.

5. That hemoptysis may occur in pneumonia quite independent of the existence of tubercles, and quite distinct from pneumonic sputa.

6. That distinct crisis is by no means uncommon in pneumonia.

7. That “calor mordax” is not at all a necessary symptom of the disease.

8. That the raving which so frequently attends pneumonia is often due to the existence of acute disease in the brain.

9. That this disease of the brain may even lead to paralysis.

10. That the antiphlogistic treatment, including bloodletting, and modified according to the demands of each case, is the best treatment which can be adopted in the early stages of the acute and sthenic disease.

ART. XIX.—*Contributions to Midwifery*, No. VIII.—*Chloroform in Parturition*^a. By THOMAS EDWARD BEATTY, M.D., M.R.I.A., Professor of Midwifery to the Royal College of Surgeons in Ireland; Physician to the City of Dublin Hospital; Vice-President, Dublin Obstetrical Society; Honorary Member, Obstetrical Society of Edinburgh, &c.

It may be in the recollection of some of the members of the Obstetrical Society, that in the last paper on the use of chloroform in midwifery, published by me, I stated my belief that there was no case of ordinary labour in which it would be found necessary to produce complete sopor, but that the mode and extent of administration set forth therein would be quite sufficient in all cases to procure the relief sought for by the use of the drug. A very short time elapsed, after the publication of that essay, when I met with the following case, which served to show me that the opinion therein advanced was not strictly tenable, but that cases may and do arise—rarely, I believe—in which it will be necessary to deviate from the rule laid down, and instead of the small and often repeated doses by inhalation of chloroform, so as to secure freedom from pain without deprivation of consciousness, a full and free use of the drug will be required to overcome the highly exalted state of the nervous system, and procure repose.

October 2nd, 1852. Mrs. —, aged 23 years, a thin, spare, delicate, highly nervous and excitable person, was taken in labour of her first child at 11 o'clock, P.M. The pains increased gradually for four hours, when the os uteri was nearly dilated, and the head of the child was well advanced through the cavity of the pelvis. She was very anxious to have the chloroform, and accordingly the inhaler was used in the manner so often described by me. She continued the use of the drug

^a Read before the Dublin Obstetrical Society.