X

1863

Commentaries

on a few cases in

Patons Ward. Royal. Infirmary.

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Michael. Beverley—

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Commentaries on a few Cases in Patons Ward, Royal Infirmary. (by Michael Beverley)

The Selection of a subject for a Graduation Dissertation is second only to its Composition — and perhaps even in some respects of primary importance to it — Medicine and its kindred Sciences offer a prolific mine, which will amply repay the exploration of the medical miner, be he even a candidate for Graduation; unlike many sciences, it claims but few ultimate facts, and previous Investigation prompts and stimulates further Inquiry — the admitted truth — the wildest theory — ancient aphorisms — modern advances — Each, and all offer to the medical Inquirer a large field for research — but still the original working out of one subject, be it what it may, requires more time, than a student fully engaged with College Lectures & Hospital Practice can always spare, without neglecting other Equally important branches of his curriculum of Study — but desiring to take for my Thesis a subject which I could treat as originally and profitably as possible, I thought I could not do better than select a few cases, from the Hospital Wards, & which came under my own "reporting" as a Clinical Clerk in the Medical Wards, which, with the facts, embodied & elicited by watching their daily progress, still recent in my mind, cannot fail to prove useful to me, by their careful consideration here, as well as serviceable for the more immediate object of this Thesis —

I may remark that the few cases here taken, were all of them admitted before Xmas 1862 — were all under my own reporting (for I thought it best to take those only which were thus directly under my observation) — I have condensed the "Cases" as much as possible, but they are necessarily somewhat long — for facts & leading features, on which comments are to be made, must of course be adduced to be referred to —

Pneumonia

of

the lower two thirds of Right Lung — uncomplicated.

Alexander Muirhead — 39 — Miller. — Currie.

Admitted October 29/62 under Dr Hughes Bennett

States that with the exception of slight ailments he has been through life a strong, healthy man —

On the 22nd Instant he was exposed to a very cold draught of wind, all day, in the room, where employed —

On the 23rd although he went to work felt languid & disinclined for it.

On the 24th felt cold & chilly having slight Rigors.

On the 25th he appears to have had a decided Rigor — as he states — he "could not keep his teeth from chattering" — during the first part of the day, but towards the Evening — his skin grew hot — a perspiration following — then, headache — thirst, inability to eat — feelings of lassitude — nausea — febrile symptoms — in short — at night a cough came on — which caused him much pain in right side — but there was no expectoration —

On the 26th having first treated himself with "Morrison's Pills" he received Medical Advice — & had white powders & liquid Medicine given him, but continuing to get worse during the next two days — he came into the Hospital on the 29th —

Symptoms on Admission — the 5th day of Illness —

Respiratory System

Voice hoarse — Speech confused & indistinct — unable to talk long at a time — Respirations 33 in a minute — dyspnœa — Expiration prolonged — Cough present — but non paroxysmal — Pain about the right nipple —

Expectoration rusty coloured — very gelatinous & tenacious — quantity not great —

Percussion. Anteriorly

Respiratory System. There is undue dulness over the hepatic area of the right lung. ie (two inches below & three inches to inner side of right nipple) — above the right nipple normal — percussion over left lung — normal —

Percussion. Posteriorly.

upper half of Right lung normal — lower half — dull — left lung normal —

Auscultation. anteriorly.

over the dull area (supra). on the right side fine crackling crepitation is heard with Inspiration, with slight increase of vocal Resonance — on the left side of thorax — breathing harsh and exaggerated — respiration also harsh on the right side above the nipple —

Auscultation posteriorly.

Respiration harsh and exaggerated on both sides — no crepitation or increased vocal Resonance — at base of Right lung

Refers dorsal decubitus —

Circulatory System. Pulse 135. regular weak. Cardiac Sounds and dulness normal

Nervous System. has headache — feels confused & languid — sleeps badly — dreams much — is greatly debilitated —

Digestive System. Bad taste in mouth — which is dry — Tongue moist & white. loss of Appetite — Thirst — nausea — Abdomen not tender on palpation — Hepatic & splenic organs normal —

Genito-Urinary System. Urine — Specific Gravity — 1024 — slightly muddy from urates — no albumen — no sugar — contains Phosphates — Chlorides present but very deficient —

Integumentary System. countenance expressive of great anxiety — face shrunken — florid — skin hot & dry — no eruption —

(The above report was taken at 10 Pm. oct 29
J Beverley. Cl: Cl:)

Oct. 30th (6th day) 12. AM. The dulness has increased several inches from the area marked out last night – involving the lower two thirds of the organ; a "cracked Pot" sound was elicited above the right nipple – Pulse 108. weak – Skin hot and dry – Urine. Sp: Gr 1023. muddy from urates – Chlorides abundant. slept badly last night – faces flushed –

Dr Bennett prescribed. Rx. Solution: Antim: Tartratis – 3ij · Aquæ. Ammonicæ Acetatis – 3ij Aquæ —— ad —— 3viij — Misce et fiat Mist: Two tablespoonfuls every 4 hours.

To have "Nutrento" Beef Tea – ad libitum – Port wine 3iv – in 24 hours —

vespere. Pulse 100. full under finger – Skin hot slightly humid – Respirations 30 in a minute – Says he feels better – has taken Beef Tea – 1 pint } Wine – 2 ounces } since morning visit & Medicine twice –

Oct. 31st – 7th day – Has slept well during the night – looks better – less depressed – has taken four ounces of wine – and three pints of Beef Tea. since 12 AM yesterday

Pulse. 84 – strong – Tongue moist – Respirations – 32 –

Urine. dense sediment of Lithates & Phosphates } chlorides abundant

Percussion. posteriorly. marked dulness. on right side below the Inferior angle of the Scapula – Agophony at same place – anteriorly. dulness the same as on last report.

Auscultation anteriorly. fine "crackling" heard over and around right nipple with bronchial breathing diminishing –

Posteriorly. crepitation heard over dull area – (Supra)

vespere. Pulse 80 – soft – pretty full – Tongue moist – Skin moist Respirations – 28. —— Was ordered in the morning to have 40z of Steak daily.

Nov. 1st 8th day. Slept well during the night – has had no pain in chest – Countenance less flushed – less anxious – Pulse 66. of fair strength. – Skin warm – humid – Respirations 26 – Easy –

Nov. 1st 8th Day — Expectoration — increased in quantity. less gelatinous - watery — not rusty.

Auscultation. anteriorly. crepitation — above & below right nipple —

Posteriorly. crepitation — below Inferior Angle of Scapula. Right side

Percussion. the same as yesterday —

Urine. Sp. Gr. 1026. Urates not so abundant as yesterday — no phosphates

chlorides abundant — To discontinue the Saline mixture.

The Bowels not having been relieved since his entrance to have —

℞. Ol. Recini. ℥ss. to be taken directly —

Vespere — Bowels have been freely relieved twice since the castor

oil was taken — Respirations 24 — Pulse 72. of good strength —

Nov. 2nd. 9th day — Slept well — had half a pint of Beef Tea - and one ounce and

a half of wine during the night - Pulse 80 of good strength. Respiration 20.

Tongue rather dry — Skin warm - humid - flush gone from face —

Auscultation very indistinct crepitation heard both anteriorly & Posteriorly.

in the same regions as yesterday —

Urine. a deposit of about half an Inch of Urates & Phosphates } chlorides abundant

Nov. 3rd 10th day. The Patient states that he feels "fine" this morning & slept admirably -

Auscultation Anteriorly } no crepitation / no increased vocal resonance / Respiration normal } on right side —

normal on left —

Posteriorly } no crepitation or increased Vocal resonance on the right side — left side normal —

Percussion. normal. anteriorly & Posteriorly —

Tongue moist — Pulse. 64 normal — Respiration 25 natural —

Urine clear - normal —

Dr Bennett considers the Patient convalescent & ordered him to get up - from this period the patient rapidly gained strength - and on the 9th expressed himself quite well - he was not however dismissed till the 10th owing to the snow & inclement state of the Weather —

Michael. Beverley. Clinical. Clerk —

Commentary. This, which was the first case of Pneumonia, admitted into the Clinical Wards of the Royal Infirmary during the winter Session 1862–63. presents a good & characteristic example of that disease, in its uncomplicated & single form — a man - strong and healthy - in the prime of life - is exposed to great & long continued cold - (for this clearly is here the exciting cause). which is followed in a day or two with rigors & distinct febrile symptoms & is brought into the Ward on the 5th day of the disease - & though regretting that the opportunity was not afforded of studying the disease - ab initio - there yet remains ample material for comment in the remaining five days of its existence - The First Question which naturally suggests itself is a diagnostic one — Why Pneumonia? & What - the Symptoms?
In our Systematic Search - we find that it is chiefly with the Respiratory System. that we have to do - showing an uncomplicated state of things at once - there is dyspnœa - cough - rusty coloured Sputum. Emaciation - (with fever) as general signs. there is dulness on percussion - increased vocal resonance - slight Bronchial breathing & Crepitation — as physical signs taken collectively these are pathognomonic of Pneumonia - The Chlorides though much diminished - were not absent from the urine — why we shall subsequently see —
Having now determined that the disease is Pneumonia, we have next to inquire - How much of the Lung is affected & what stage of the disorder have we to deal with? Is the Crepitation we hear "advancing" or "returning"? &
1st The extent of the dulness on percussion - the large area over which Crepitation can be heard plainly denotes

that more than a few vesicles & terminal bronchi are involved or that it is <u>not</u> Vesicular but <u>Lobular</u> Pneumonia —

— the general rule of the right side being affected more frequently than the <u>left</u>. & Laenec's assertion of the disease commencing at the lower lobes are both observable here —

2nd. <u>What stage</u>? That it is not the First or <u>Stage of Engorgement</u> is evident from. (a). The crepitation: though described in the Report

(a). as "fine" was not of that minute crackling character so <u>pathognomic</u> of the first stage of Pneumonia —

(b). increased dulness on percussion

(c). increased vocal resonance —

(d) Bronchial Respiration

(e) Inability to speak long at a time

(f). Tenacious rusty Sputum —

are all incompatible with the <u>first</u> stage — & clearly indicate that the lung was solidified & the harsh & aggerated respiration of the Opposite lung plainly indicated that <u>it</u> was doing almost double work —

The condition of the Urine too is incompatible with Stage I. It contained Chlorides on the 29th they were very abundant on the 30th with sediments of Urates daily increasing — showing the crumbling down & absorption of tissue — not effusion of serum — of blood — or Exudation of Lymph — but degeneration & Excretion of the Same —

Thus having proved that it is not the <u>Stage of Engorgement</u> we have next to consider — is it Red or Grey Hepatization or as Andral calls them — Ramollissement — <u>Rouge</u> — or <u>Gris</u> — to determine the last <u>generally</u> or Physically is considered

by Dr Watson as almost impossible — but as the Pathology & the Treatment which this case is intended to illustrate materially differ from Dr Watson's and as the discussion in proof of the one & disproof of the other would here be out of place — plain statements must be given — unsustained by the argument & proof which they have to rest upon — we believe then that Pneumonic Exudation, when existing as such — is always broken down & absorbed by pus formation & pus retrograde solution — & that even if this be true as we believe it is — the much dreaded third stage of Grey Hepatization, from which Dr Watson "thinks" recovery is not possible, need not in all cases be attained — as the pus is absorbed as formed — & even Dr W. admits that pus does exist in the second stage or Red Hepatization — but that even if the 3d Stage is reached — it need not be & is not do necessarily fatal — here in the case in question the precede period was that of the second stage returning & resolving gradually & favourably to its healthy condition — Its peculiar character denotes that it is returning Crepitation — the Concomitant state of the urine — Strengthens, & the subsequent progress and termination of the case confirms it —

We judge that it is uncomplicated even with

Pleurisy } from the absence of Pain on { Inspiration / Pressure
or }
Bronchites } from the absence of friction murmurs —
(one great Extent) } from there being no marked dyspnea throughout
increased rapidity of Respiration only —

With regard to the Expectoration it may be noticed that for the first four days it was "conspicuous by its absence" the patient stating that his cough had been very dry & that he had not "spat up anything" until the first hour of his admission — it is always I believe absent at the onset but generally makes its appearance on the 2d or 3d day here it was not until the 5th.

= Such then was the case on admission — the man was ill — very ill — there were unmistakable signs of that, perhaps rendered more apparent by the exhaustion caused by moving him some miles from the country — what then it may be asked was our

Prognosis?

Professor Bennett puts it down as an axiom "that all uncomplicated cases of Pneumonia occurring primarily in healthy men always ought to get well if properly treated" so our prognosis here was very favourable — but what is this

Treatment! it is as novel — and modern as are its results — & why? because founded on sound pathology — the proper basis of all rational treatment —

In the First place it is a disease which cannot be cut short & therefore it must be conducted to a favourable termination & the way to do this is not by lowering the general system — by Blood-letting, Mercury & other Antiphlogistic treatment — as formerly — Even now sometimes practiced but by supporting — & supplying the demands which are being made upon it — & how —

by nutrients – by wine – this patient on entrance at once had Beef Tea & Wine administered the former was continued ad libitum – the latter – four ounces daily – & with what result? Taking the pulse – which is our index for the regulation of administering these agents – we find that on entrance it was 105 – & 108. & weak – on the evening of the day on which the nutrients and wine were first given it was 80 – improving in strength & soft. on the 8th day 66 of fair strength – on the 9th 80. of good strength on the 10th normal – the patient improving correspondingly – a slight antimonial saline was given to diminish the viscosity of the blood – which was discontinued on the 8th day –

Under this treatment – taking this case as a good example – we see the disease gradually – but surely resolving – we mark each day its natural & onward progress towards health – naturally manifested by the Pulse. (as above –). by improved looks & feelings of the patient – but also proved by a corresponding improvement in the very organs themselves – which are so to speak the "fons et origo" of the disorder – Percussion of the Thorax – reveals – the pulmonic dulness – decreasing – & becoming gradually & beautifully less – until it finally diminishes & vanishes altogether & the normal resonance once more reigns supreme – so the Bronchial breathing (never well marked.) & the Crepitation are deposed by the aboriginal Vesicular Murmur – the Cough & characteristic Sputa disappear – the urine is once more clear & normal – and the tenth day from

the Rigor - sees our Patient a Convalescent - weak - debilitated - from the exhaustive nature of the disease - it is true - which even the Conservative treatment adopted - for supporting & fostering the Constitution at large - or as our American Brethren would say for "maintaining the Union as it was" - has so failed to effect - but how much more must be this debility when the opposite Antiphlogistic Treatment is carried out? The only fair way of Contrasting & practically comparing the two modes of Treatment is the Result - Dr Bennetts mortality of cases of Pneumonia treated on these principles - is - 0 in 23 Cases. 1 death - the mortality of Antiphlogistic Treatment as formerly practiced was 1 in 3. as now practiced is - 1 in 7 -

I may add in Conclusion that I have not thought it necessary in a Commentary to go into the "pro's & "Cons" of this Treatment - or of the "Pathology" on which it is founded & grounded - what I have tried to prove is.

1st That the case was Uncomplicated Single Pneumonia.
2d Its Diagnosis & Prognosis - the reasons of - & why -
3d That the Treatment is rational & sound - & is crowned by the lowest & as yet unprecedented mortality -

Phthisis Pulmonalis

Showing the result of 37 days Treatment by Codliver oil & Good diet.

Admitted. Oct. 22/02 under Dr. Hughes Bennett

Robert Forsyth. 28. Glass cutter. Canongate – Edinburgh.

The Patient states that he has considered himself a healthy though by no means strong man until four or five months since. His family is healthy – parents still alive – has two brothers both strong men – is married – has five children all of which are healthy except one – is never much exposed to cold & wet – but from the nature of his employment much confined to the house – he states that although glass in a very fine state of division – dust – floats about the room in which he works – he does not think he breathes much of it – he has been accustomed to sing a great deal during his life and is a "Precenter at Church – which he has recently been obliged to give up –

Sober in habit – diet good – animal food daily – likes pastry & has a great objection to fat –

He dates the commencement of his present ailments from June last – when he "caught cold" which was followed by Cough – & pain beneath right clavicle – but No Expectoration then – a month afterwards – there was slight hæmoptysis which frightened him into taking Medical advice when Medicine was given him which checked the Hæmoptysis – after this he went into the Country. (Lauder.) for the benefit of his health – but the weather was cold & wet – the Cough & hæmoptysis returned in greater quantity & he returned to Edinburgh worse than when he left it –

History. he has been taking Cough Medicines & Diet - but has had no Cod-liver oil - Six weeks since - re-commenced work but left it on the 21st Complains much of sweating at night - Haemoptysis continues - considers his appetite & digestion good - has had no diarrhoea - has lost flesh Considerably lately -

Symptoms on Admission.

Respiratory System.

Respirations. Easy & Equal - 18 in a minute

Cough. frequent - moist -

Expectoration. muco-purulent - not profuse - easy

Haemoptysis. slight - tinging Expectoration -

Chest. Flattening below both clavicles especially marked on the Right side - movements Equal - Expiration prolonged.

Percussion. Anteriorly { slight comparative dulness beneath left Clavicle; marked dulness beneath Right Clavicle - involving the upper ⅓ of Right Pulmonary Organ -

Posteriorly { above the middle third of Scapula { Left side dulness - not marked; Right side dulness marked - below middle third of scapulae. Equal & normal on both sides -

Auscultation.

anteriorly { Beneath the Clavicle on left side - harsh & puerile respiration - otherwise normal -; Beneath Clavicle on the Right side - Crepitation & mucous Rales -

Vocal Resonance increased on both sides - more especially on right side - both Anteriorly & Posteriorly.

Circulatory System.

Cardiac dulness and sounds normal -

Pulse. 101. small. weak. soft. regular -

Nervous System. normal -

Genito-Urinary System. Urine. Sp: Gr: 1025 - acid - deposit of Urates - no albumen - no Sugar - Chlorides normal -

Digestive System. Gums pale and œdematous – Gum line not well marked – bad Taste in mouth – Tongue moist – Cervical Glands not enlarged – No thirst. Appetite & Digestion good – Bowels regular – no diarrhœa – Hepatic & Splenic Organs normal –

Integumentary System.

a thin pale – delicate looking man – Skin moist – perspires much at night no œdema of Ankles.

Weighs (in shirt & Slipshoes) 9 stones 4 pounds –

To have Steak diet – Butter & Eggs –

℞ Olei Jecoris Aselli ℥j – three times daily –

Oct. 25 Sleeps indifferently – Cough troublesome – Expectoration muco purulent – tinged with blood – night sweats profuse – Moist râles becoming more distinct & coarse beneath right Clavicle Pulse 90. weak – Urine normal –

Oct. 30 Since last report has continued much the same – sometimes better at others worse – to day – he is not so well – Hæmoptysis is greater than since entrance – Sputa. gelatinous & tenacious – Pulse 120. weak –

Vocal Resonance heard loudest at the middle of the Right Pulmonary Organ – posteriorly – but is not accompanied with increased dulness on percussion – Skin humid –

Goes out for an hour mid-day when fine –

Nov 1. Moist râles heard – both anteriorly & Posteriorly over upper half of Right Lung with increased vocal Resonance – Sputum still gelatinous. Tenacious – but no blood or pus

Nov III. Weighs 9 stones 6 pounds –

is gradually improving in health – does not perspire so much –

Nov. 16th Has been gradually improving in appearance since last report & states that he feels much better.

Auscultation (Anteriorly) Beneath left clavicle — the same as on entrance except rather softer.
Beneath Right clavicle rattles are coarse & Vocal Resonance is more increased.
Posteriorly) at Right apex — mucous râles with sibilation — Vocal Reson: much increased
at Left apex — Same as: last report — —

Percussion — the dulness below the Right Clavicle anteriorly is diminished but still markedly different to Left — Post^r. the same —

Cough — less frequent — Expectoration less — not so tenacious non-purulent
False gaiety strength — So — No Hemoptysis since last report — if
Perspires much less at night — Urine normal but loaded with Urates

Nov. 24th Weighs. 9 stones 10 pounds

has been surely and gradually improving & says he now feels very much better — Cough much diminished — Breathing much free & easier — Pulse. 75 & good Strength — Urine loaded with Lithates —

Nov. 28th On Examination today previous to leaving the Hospital —

Percussion. anteriorly — beneath — left clavicle — soft & normal —
beneath the right clavicle — dulness is very much diminished since last report & now the difference between the two sides is but slight — —

Percussion. Posteriorly. Left. Pulmonary organ normal —
Comparative dulness at Right apex but not marked —

Auscultation. anteriorly. Beneath the left clavicle — nearly normal
the harshness has nearly disappeared — no increase
Expiration prolonged — of vocal Resonance —
Beneath. Right Clavicle — ordinary Inspiration & Expiration distinctly audible & soft — Small Mucous Râles are heard on deep Inspiration — Vocal Resonance slightly increased

Auscultation – Posteriorly – Respiration & vocal Resonance normal over left Lung – Respiration rather harsh and slightly increased vocal resonance at apex of Right Lung – otherwise normal – Cough – very little – Expectoration – slight – non-purulent – viscid. No Hemoptysis since October 30th Night sweats have been absent for ten days Tongue moist & clean – appetite good. Bowels regular Pulse 75 of good strength. Urine normal – Weight – 9 stones 11 pounds – having thus gained 7 pounds since admission –

Patient is much better & improved in general appearance – says he feels "much as usual now" and expressing a great wish to go home was dismissed – much relieved.

Michael Beverley. Cl. Cl.

Commentary.

I have introduced this case, for several reasons but more, especially as it was one, which was very instructive to me whilst in the Wards in an auscultatory point of view, & also in watching the progress of the disease under the treatment adopted, and as the symptoms and changes were carefully noted down from time to time, by me, I think it will not only well serve as a case for my Thesis, but also that the careful consideration of it which this involves, will serve the more to impress the facts elicited on my memory, and thus make it doubly useful, therefore I make no apology

for inserting and commenting on a disease, so common believing that it is these diseases which, one sees in every day life & practice that a young practitioner ought most thoroughly to understand, & specially this the most fatal of all "the ills that man is heir to": the rational treatment of which, has of late years become so much more understood — being in fact Curative - as well as palliative —

Facial diagnosis would doubtless to the eye of the Experienced at once indicated the nature of this mans malady - but he had not the delicate finer skin, the prominent eye, the large pupil, the graceful eyelashes, the pearly sclerotic, the thicker upper lip &c — or many of the other so called facial marks of the Tubercular Diathesis and although his history was carefully gone into no hereditary, family, predisposition to Strumous diseases could be made out, but on the contrary his family past & present appeared to be very healthy — neither can we trace in his case, that which is too often the parent of Phthisis & Want — and Starvation or inanition, for being, rather above the general run of Hospital patients he appeared to have lived well, to have partaken of animal food daily - though prone to pastry and objecting to fat — What then are we to consider as the Cause of this mans present Condition; which, on entrance is certainly serious

we must look to his occupation – that of a glass cutter he states that it is one of much confinement, and with regard to himself – though he had previously enjoyed good health. he had never been a strong hale hearty man; and it is probable that had his occupation been out of doors instead of within – it would have been very otherwise with him, but like the majority of delicate individuals he follows an avocation, naturally confined – but also in an atmosphere, in which, minute particles of glass were floating, some of which must have contaminated every breath he took, & in such a man, so predisposed, would act as local irritants by direct application to the Pulmonary Tissue Excite Tubercular Exudation – & we find that Phthisis is a very common disease amongst men similarly employed, as Masons, Brass Polishers, Miners, & Metal Grinders & Dr Knights states that the Knife grinders of Sheffield "generally die of Pulmonary Phthisis before they are thirty –

Tubercle or Renewed may arise without actual Inflammation – there I should be led to suppose that the particles of finely divided glass dust inhaled, gave rise to an abnormal degree of vascularity – to congestion – then followed the tubercular Exudation, which continued to increase by addition, although not sufficient to excite inflammation of the surrounding

structures, though rendering them more prone to inflame, on the application of any exciting cause which in June last in the form of a severe "Cold" took place, & then ensued the first serious symptoms the tubercles may themselves go on increasing for a long period before they of themselves would set up disturbance at their peripheries - or in their interstices - but when that Inflammation is once set up, either by intrinsic or extraneous causes (as here) - which the patient is now very prone to be influenced by, would rapidly disorganize and break down, the tubercular mass, by causing suppuration (by continuity) of the areolar tissue which still, though invisibly separates the individual tubercles of the mass and surrounds & blends the entire Exudation, hence follows the purulent Expectoration, cough & other symptoms which happened in June last, and which the Cold & Wet of the subsequent visit to the country greatly tended to increase - such it appears to me may be the inference which I may safely draw from the history -

Let us next Examine briefly some of the prominent symptoms on Admission and see what they indicate -

In Examining the Respiratory System, the first thing which strikes the Eye - is the marked depression below the Right Clavicle, indicating that it is not at that spot supported as it ought to be by

the lung beneath. Percussion elicits marked dulness both anteriorly and posteriorly over rather more than the upper third of the Right Pulmonary Organ - with very slight comparative dulness over the left -

Auscultation indicates mucous râles - with prolonged Expiration over the dull area on the Right side with increased vocal Resonance amounting to Bronchophony - on the left side harsh and puerile respiration with very slight increase of vocal Resonance - here then are unmistakable

Physical Signs of Phthisis
a — dulness on percussion at Apex.
b — prolonged Expiration
c — Increased Vocal Resonance (Bronchophony)
d — moist râles at Apex —

The General Signs of the Respiratory System are - a frequent paroxysmal cough
a muco-purulent Expectoration
& Hemoptysis -

with these symptoms collectively, (not individually by any means) the diagnosis could not be otherwise than easy -

The Pulse - was characteristically weak -

The Urine a dense sediment of urates showing elimination by that channel -

The Digestive System, by no means so deranged as is usually the case, there is no well marked, obvious gum line, the appetite is good, the Bowels

are regular - & there is no diarrhœa - and percussion shews that the hepatic organ is not enlarged - Night sweats are profuse - but there is no œdema he has lost flesh and weighs - 9 stones - 4 pounds - from these symptoms the diagnosis of Phthisis is obvious and I should be led to assume that the upper third of the left lung was infiltrated with Tubercle which gradually breaking up and crumbling down into pus & degeneration, being partially expectorated partially absorbed & excreted by other Emunctorii as the copious sediment of lithates in the urine indicates - leaving a small vomica - which the Bronchophony probably foretells - and that probably there is a slight deposit of Tubercle at the apex of the left lung - indicated by the comparative dulness at that situation - & that it is doing extra work is very evident from the harsh and puerile respiration - which grates the ear at that spot -

The treatment was one tablespoonful of Cod-Liver oil three times a day - with steak diet - Butter & Eggs ——

I need not comment on the daily reports but will confine my observations to the report of the Examination made the night before he left the Hospital - In the meanwhile I may remark that the improvement was at first very slow but gradual & ultimately marked -

The Hemoptysis which as it generally is was an early symptom - although it appears to have been somewhat profuse before admission was never great in the house and ceased altogether in 10 days -

The Expectoration cannot be said to have been thoroughly pathognomonic - if indeed it ever is - but it was not "nummular" none of the grey loose purulent masses so often observed in Phthisis - on entrance it was muco-purulent - and continued so for ten days, but when the Hemoptysis ceased - it became very gelatinous and tenacious almost Pneumonic in consistency - though not in colour, & generally scanty - it was unfortunately not Examined Microscopically

The Examination the day previous to Exit -

What a change is now observed in that previously faulty system the Respiratory — Percussion now instead of conveying to the ear the previous heavy tone of parenchymal dulness, Elicits a soft clear normal sound beneath the left Clavicle, and on the Right side the tone is now so altered that the difference between the two sides is observed to be but very slight — and now the Stethoscope instead of being the means of communication of harsh - exaggerated murmurs now tells us that the harshness is nearly gone on the Left side — and on the Right ordinary

Inspiration and Expiration are soft and small
mucous râle are heard only both deep inspiration
with but slight increase of Local Resonance
and no circumscribed Broncophony — which
shows a marked change since admission — or
on Nov I & Nov XVI. (see report of case) —
There has been no hemoptysis for a month
nor night sweats for ten days — the pulse is
normal in number and strength — his general
appearance is much improved, being fatter and
now weighs 9 stones 11 pounds having gained 7 pounds
since admission & his spirits which were desponding
& depressed are now jubilant and he says he
feels once more "as usual" —

It may be objected that the period of observation
in this case, was too limited, to draw conclusions
as to curative Treatment — this is granted — it is
only intended to show, what and how much
good did result from 37 days "analeptic"
treatment — as a comparison of symptoms on
admission & dismissal will show —

Again it may be urged that it is one of those
cases of Phthisis in which the Tubercle is deposited
uninterruptedly and in crops — which, rapidly softens
and are speedily eliminated from the system, in
the intervals of freedom the patient enjoying
good health — which is again upset by a

fresh recurrence of Irritation & subsequent degeneration - & that this case may be in one of these intervals at the present time of course I cannot prove to the contrary - I can only advance what is often true that even in these remitted cases - there is sometimes no recurrence - but the establishment of cicatrisation & contraction & the restoration to permanent health - I can only hope that such is the case here, but my hopes are damped by the nature of the Trade to which he returns where he will be subjected once more to a predisposing & exciting Cause - but I do think it a good Example of the Effects of the Cod Liver oil Treatment - for no adjuncts were given - no symptoms were treated - no Expectorants - no astringents for Hemoptysis no "acid drops" to relieve the sweating - but the real aim of renovating the perverted Nutrition & thus indirectly but surely attacking the cause of these various Complicating Symptoms - & thus under the Influence of Cod-Liver oil & good diet we see - Increased deposition of Adipose Tissue - Increased Weight - Cough mitigated - Expectoration rendered non-purulent - Hemoptysis checked - Night Sweats obviated - the pulse strengthened - and the Lungs themselves correspondingly improving -

As this case was under Dr. Hughes Bennett & treated according to his usual plan, I add in conclusion a brief synopsis of his views as to the Pathology & General Treatment of the disease -

Dr. Bennett concludes from" the study of the symptoms causes morbid anatomy & histology of Phthisis Pulmonalis that it is a disease of the Primary Digestion causing

1. Impoverishment of Blood
2. Local Tubercular Exudations in the Lung
3. Destructive results from the formation (successive) softening and ulcerations of the Exudations in the Pulmonary tissue

If the existing mal-assimilation of food be removed, further tubercular exudation is checked, that which exists becomes abortive - & vomica may heal up & cicatrize - so that in attempting to cure - we must -

1 Restore the healthy condition of the Economy
2. Subdue local irritation &
3. Avoid circumstances likely to harm the constitution or induce Pulmonary Symptoms —

1st A healthy condition of the Economy cannot proceed without a proper admixture of the mineral-albuminous & oleaginous Elements — Fib. & albumen are obtained from the food, are altered Chemically by the introduction into alimentary canal - of organic matter & its transformation into fibry and albuminous Compounds —— Physically - by the imbibition & formation of these into granules & nuclei - Vitally by the transformation of these first into Chyle - then into Blood Corpuscles — Thus is constituted the formative materials of the blood & thus the due proportions of the oleaginous & albuminous materials & their proper Emulsionizing is necessary to the healthy condition of this vital fluid ——

In Phthisis. there is an excess of acid in the alimentary canal which readily dissolves the albuminous constituents of the food, more than neutralise the alkaline Saliva & Pancreatic juice so that the carbonized portions of vegetable food are not transformed into oil and the fatty matters introduced into the system are not emulsionized and prepared for assimilation and absorption so that there is an increase of albumen in the blood & the fat is supplied by the absorption of the Adipose tissue of the body - hence the Emaciation meanwhile occurs local congestion of the lung followed by albuminous (tubercular) Exudation - this tubercle being deficient of fatty matter elementary molecules are not formed constituting nuclei and perfect cells - but only abortive tubercle corpuscles —— to improve this faulty condition of nutrition, which originates & keeps up the disease a large quantity of fatty matter must be assimilated, hence fatty food is indicated but too often the stomach will not bear it - there is seen the Rationale of Cod Liver oil which saves the digestive System the trouble of separating the oil from the food - & large quantities are at once assimilated & combining with albumen form the molecular basis of healthy chyle indicating the analeptic virtues of the Oil.

This I believe to be a summary of the Professor's Doctrines & teachings concerning this disease - the Special Treatment I need not refer to as the case in question did not require any —

ward III.

Pleurisy with Effusion - Hydro-pericardium
Fatty Degeneration of Heart - Bronchitis

admitted
Dec. 5th/62
under.

Mrs. Bennett.

William Mc Neil. æt. 23. a Joiner. Edinburgh.
states that he has always enjoyed good health, with the exception of occasional Cough - and Palpitation of the Heart which he has had for four years -
Three weeks since during the severe weather he caught a cold - which was attended with Cough but no pain in either side, he continued his work - on the 26th ultimo eight days since on returning from work at night he was seized with a sharp "catching" pain on his Right side below the Nipple - which continued for two days & then left him - he did not go to bed but has not been to work since - had Medical Advice Cough Medicine & Pills were given him, but the Cough increasing, great dyspnœa coming on he came into the Infirmary - } Has never had Acute Rheumatism

Symptoms on Admission

Respiratory System } Voice - hoarse & indistinct unable to converse long at a time
Respirations 36 in a minute. Inspiration attended with a sharp pain at left side below the nipple Breathing audible & wheezing
Cough painful & paroxysmal - accompanied by
Expectoration - scanty viscid - non purulent no Hæmoptysis
Chest feels very "tight" - undue fulness on left side anteriorly & laterally. Semicircumference half an inch greater than Right side
Thoracic Movements Respiration absent on left side

Percussion Left side } very dull both anteriorly & posteriorly with marked resistance to hammer.
Right Side } Anteriorly - clear & normal - a "cracked pot" sound twice elicited which did not occur
Posteriorly - clear & normal except lower third which is more dull than ordinary Hepatic dulness

Auscultation. Left side. anteriorly — Respiratory sounds & Vocal Resonance absent

Left side. posteriorly. Tubular breathing at Apex & Base — Ægophony — midway — no friction murmurs.

Right side { anteriorly / Posteriorly } Respiratory sounds puerile & Wasserated over entire organ — Vocal Resonance clear — no friction

Circulatory System. uneasiness over Cardiac organ —

Cardiac Action obscured —

Cardiac Sounds — muffled. indistinct. intermittent. No murmur.

Cardiac dulness. area cannot be defined from the surrounding pulmonic dulness — no friction.

Pulse. weak. irregular. intermittent — cannot be numbered —

The other Systems it may be briefly said — the Tongue was moist & furred no appetite. Bowels regular. Urine. a dense precipitate of urates a copious perspiration covered entire body. & decubitus was on left side but nothing symptomatic of disease in any other Systems but the above was elicited —

Bennett prescribed a saline mixture of. Nitric Ether & Acetate of Ammonia Beef-Tea — Milk — Wine 3iv — & perfect rest

Dec. 7th no change in symptoms — except the Dyspnœa is greater there is no tubular breathing posteriorly on left side as yesterday

Dec. 8th no change to note — physical signs the same in Respiratory Syst

Respirations 44 in a minute. Dyspnœa very great

Pulse & Cardiac sounds very irregular & intermittent

Urine very dense precip: of Urates —

To have. 3vj of. Wine daily

Dec 9th Dulness & debilitation were observed in Right Lung posteriorly at the Base — in addition to continuance of other Physical signs

Respirations 38. in a minute — Dyspnœa very urgent

Decubitus on the left side continues — Elsewhere seems impossible

Urine — and Perspiration as before —

Dec. 10th – The night nurse states that he slept but very little during the night and was at times delirious – that since 7. Am the breathing has become gradually worse – and now (at 1. Pm) the Dyspnea is very urgent – Respirations 40 in a minute –

Percussion. still elicits the dulness of the Left chest & clearness of the Right

Auscultation – no change. Anteriorly.

Right side Posteriorly – Expiration greatly prolonged – accompanied by sibilations & Inspiration very harsh – Vocal Resonance greatly increased & peaking

Left side Posteriorly. No tubular breathing – no friction sound no Aegophony entire absence of Respiration

Cardiac. Sounds & Pulse of the same irregular & intermittent character –

Urine. a dense precip: of Urates & great & general perspiration

Bennett ordered. Rx: Spirit Aether Nit – ℥ss
Ammon: Carbonatis – ℥ss
Mist Camphore ad ℥viij.

Ft. f. Mistura – Take Two table spoonfuls every 4 hours – omittantur alia – & Dry cupping to back & Right side

Respere. 7. Pm. immediate relief followed the cupping – the Dyspnoea is now less urgent & the Respirations 29 in a minute –

Dec. 11th. The night nurse states that he slept better last night than hitherto – but was slightly delirious –

Respirations 32 in a minute – Dyspnea less – but very urgent & slight Pertussis – general condition the same as last evening

Dec 12: On Examination of chest physically – posteriorly on the Right side the Respirations are not so loud or Exaggerated but sibilations & mucous râles are heard – the former at apex the latter at base – no other change –

Respirations 36 in a minute – Dyspnea urgent – Urine & Perspiration the same

Dec. 13. Passed a good night = has no headache —
Takes. 4 pints of Beef Tea — 2 Pints of milk & 8 ounces of wine daily
Pulse. weak & irregular —
Respirations 50 in a minute
Dyspnea. much more urgent than even hitherto on account of which no careful Physical Examination of the chest could be made — but it was ascertained that the Base of the Right Lung was dull & Respiration absent there —
Bennett ordered him to be cupped over Right side to 3 ounces —
vespere. 7.30. Relief ensued both to Respiration & Dyspnea after the Cupping but the Dyspnea is still very urgent — & the Respirations 33.
Pulse very weak — intermittent & irregular
Dec. 14th Death.
The Resident House-Physician (Dr Smart) saw him at 1 Am. when he said he felt easy — but was breathing very hurried by & perspiring profusely. he took Beef Tea & Wine well — but rested very badly during the night & was at times delirious at 8.30 this morning the dyspnea became so urgent that the nurse summoned Dr Smart — who found patient in a state of stupor — from which he could rally & being asked a Question — answer it & relapse into his former state — his countenance was livid & eyes closed — Respiration was scarcely audible when ear was applied to the mouth & the pulse with difficulty detected at the wrist — a teaspoonful of Brandy was administered at short intervals but from this time he gradually and imperceptibly sank & died very quietly at 11 AM.

Sectio Cadaveris 26 hours after death—
The Thorax was distended with about four quarts of fluid (serum) — the Left Pleura was entirely covered with shaggy lymph—
the Left Lung was about the size of the fist—indurated compressed—solid—carnified—bound down to vertebral column by lymph & Covered with "shaggy" lymph—
The Right lung was slightly condensed—the larger Bronchial tubes congested the smaller & terminal filled with Exudation
The Pericardium—distended with fluid—its parietal & visceral layers both Covered with villous lymph—
The Heart was in a state of "Fatty Degeneration"—no internal disease—very minute thickening of mucous valve—
No other Organ or Organs diseased—

M. Beverley. C. C.

Commentary

I have endeavoured to compress the reports of this interesting and I may add melancholy case, into as small a Compass as I consistently could, inserting the history, facts and more important daily symptoms that I might comment thereon; I say melancholy, for to me it seemed very so, the young man, when he entered the wards, appeared then to be in no very

great distress, was by no means very well, knew & thought but little of the urgency of his case & little did he imagine that ten short days would terminate his existence here — an existence which (as I shall endeavour to prove further on) had he taken at first due care & precaution there seems no reason to suppose would have thus so abruptly terminated —.

In considering the facts of his history we see that a young man — a month since — strong — hale & hearty — "catches Cold" to use the ordinary parlance of the day — and as is too often the case, takes no heed of it, but continues his work as usual — I look upon this "Cold" as the source of the mischief which followed it is true that on the 26th we find him complaining of a sudden catching pain of his Right side which compels him to leave off work, but this left him in two days, & I look upon it as Pleurodynia or Rheumatism, because we hear no more of it & autopsial Examination shows that no Pleurisy had existed on that side of the thorax so I am compelled to consider this 'Cold' the source for we find him well, previous to its occurrence — but it may be remarked that this could not have been pleurisy for there was absence of pain — but this is by no means an uncommon thing in a Pleurisy or Pneumonia often does Pleurisy, silently, but surely make its

onward progress, the affected individual being entirely ignorant of his disease, until some day on some slight exertion he finds himself much more fatigued & out of breath than used to be the case — he consults a Medical man who tells him that he has now but one lung for use — the other is compressed & useless by fluid which fills that side of the chest — which had (often rapidly) but silently collected — & which, from circumstances to which I shall afterwards refer, he has prevented from being absorbed — but this absence of Pain & the acute Internal Inflammations how it militates against Cullen's celebrated Axiom — of " Notæ Inflammationes sunt quatuor — rubor — et tumor cum calore, et dolore "

On examining his symptoms on Admission we find that the Respiratory & Circulatory Systems are at fault —

a. the marked dyspnœa — so increased on Exertion
b. the hurried & quick respirations
c. the fulness of the left chest — &
d. the entire absence of thoracic movement there —
e. the great dulness on percussion there — &
d. the marked resistance to the hammer —
2. the absence of all respiratory murmurs &
d. the ægophonic pealing resonance posteriorly

all indicated. Pleurisy with Effusion of the Left side of the Thorax.

but the tubular breathing what did it indicate? this was due to condensation of the lung — and its new formed tissue acting as a good conductor of the sound produced in the large Bronchi which then transmitted — though as the signs soon shows — speedily ceased to do so —

The juvenile exaggerated Respiration in the Right lung indicated the two fold duty it was performing & we were lead to infer from the slight dulness at the Base — that possibly as small pneumonic patch might there exist —

The Irregularity of the Heart, I presumed to be due to the pressure of the surrounding pleural fluid on the Pericardium, thus interfering with free cardiac action, but it was suggested at the time that it might be due (as indeed it proved partly to be) to Hydro-pericardium — but there was no means of determining this by physical diagnosis, for here we had dense resisting pleural dulness all round the heart, and to limit the extent of two adjacent dull media like these cannot be done — besides which was the entire absence of all the functional symptoms of a pericarditis; nor was its presence admitted until the examination after death showed the hydro-pericardium & the lymph — the surfaces being separated by the fluid no friction was heard — hence the Pericarditis may well be termed Latent

Elimination is freely taking place, both by skin & kidneys –

On the symptoms noted for the 7th & 8th I need make no comment Except that the dyspnœa is increasing in urgency & the Respirations in number – but on dec 9th we observe from the symptoms commencing Bronchitis of the Right Lung. which on the 10th became indubiably marked – & then it was that the tide set in against him, he could have battled with the Pleurisy – & (Even with the Hydro-pericardium) but the addition of Bronchitis involves a fatal aspect to the already Existing ~~Complications~~ at this period the

Diagnosis would be 1st Pleurisy with great Effusion
2d some Cardiac disorder what called Medicine
3d Probably a patch of Pneumonia
4th Bronchitis – of all the worst –

His sleep now (never good) becomes much disturbed & he gets delirious – The Respirations are 40 in a minute & the Dyspnœa so urgent that Dry Cupping was ordered, which greatly relieved the pressing symptoms for at Evening visit I found the Respirations had fallen to 29 in a minute Compared to 40 in the morning & the Dyspnœa less urgent – The relief continued through the next day but on the 12th the Respirations are again increasing & the Auscultatory Signs indicate the advance of the Bronchitis – & on the 13th although he passed

a good & quiet night and is taking a large supply of Nutrients – the Respirations are upto 50 – the Dyspnea more urgent than ever – and wet cupping was ordered to 3 ounces which again relieved the urgent symptoms as I found him fairly easy at Evening Visit – when the Respirations were 33 compared to 50 before the cupping the relief was however but transient, the Respirations gradually became shorter & shorter the pulse weaker & weaker – until both imperceptibly ceased –

With regard to the Treatment – I may observe that it was directed to support the system, by wine & nutrients, to enable the disease to go naturally on – the saline & slightly diuretic mixtures were to favour the Elimination which was progressing the dry cupping & the wet cupping to relieve the dyspnea (which a small loss of blood does) I am not aware that a better plan of treatment could have been adopted – of the reasons for not performing Paracentesis Thoracis here I shall speak of in the next paragraph

The Sectio Cadaveris

(a). Confirmed diagnosis
(b) Explained inexplicable symptoms
(d). added Complication to pre existing Complication –

A large quantity of fluid was found Compressing

the left lung into a corner of the thorax to despair & we see it now a carnified, hardened, useless mass bound down by adhesive lymph to the Vertebral Column – Why it may be asked and was asked, was not Paracentesis performed to let out this fluid – First because the existing complications of the Right Lung would not allow interference – & Secondly the left lung was by that time (as indeed we found it) so thoroughly bound down by lymph that Inspiration was impossible and consequently if the fluid was let out, air must enter to fill up the Vacuity which the lung cannot occupy – & thus Pneumothorax would be the by no means innocuous substitute

A few remarks with regard to the Lymph – it had became organized, "shaggy" villous but it's temporary absorbing function had been arrested, and instead of the fluid, being absorbed & the lung Expanding, & the surfaces of the Pleura uniting by adhesive lymph – it is quite the contrary & why – One of the chief causes of this "midway pausing" as I may term it is weakness, & exhaustion – had this poor man gone to bed, instead of to work, & have treasured up his strength instead of Exhausting it, I have every reason to believe that the event would have been different, but he goes on with his work, is exposed to fresh Exciting atmospheric

vicissitudes – exhausts his strength – depresses his vital powers & thus checks the further formation of plastic lymph – renders that already formed abortive and as a consequence the fluid remains in statu quo & the lung in the useless state in which we found it –

But the changes in the Right Lung, in that now solitary organ of Respiration are of a still more serious character – it is likewise somewhat compressed, by fluid accounting for the dulness observed at the Base on percussion during life – but it is the Congested state of the large Bronchi the small & terminal ones, filled up by Exudation thus completely obstructing the only remaining channels for the entrance of air & thus causing Death –

We have seen that the Pericardium was distended with fluid, that its surfaces were covered by tolerably recent lymph & during life we have frequently mentioned the irregularity and intermittence of the Heart & Pulse – have we here – Cause & Effect ? decidedly not – The man stated that he had been subject to this Palpitation & Irregularity for 4 years this latent Pericarditis is evidently of recent date & there is no Valvular disease – An Examination of the heart solves the mystery, it is found like a well marked

case of "Fatty Degeneration" — & thus we have explained the true source of the abnormal symptoms connected with it — exaggerated doubtless by the fluid in & around the Pericardium

The Lesions thus were -

1st Pleurisy of the Left Lung with great Effusion

2d Latent Pericarditis with Hydropericardium

3d Fatty Degeneration of the Heart —

4th Bronchitis of the Right Lung —

Of these the Bronchitis in the way explained (supra) was the immediate Cause of death —

Pleurisy with Effusion & Displacement of the Heart to the right of Sternum

William Mc Gregor ætat 25 a Malster's man.

Admitted. Dec 22/80. under Dr Hayden Barnett

The Patient states that until 10 months since he had always enjoyed good health; at that period whilst at work (the nature of which exposes him greatly to Atmospheric Influences) he experienced "catching pains" in his sides, increased on an exertion, he thinks it was owing to a cold, but it did not prevent him from following his work, which he continued until two ~~months~~ weeks since, when his breathing became difficult & laboured & he could do nothing unusual without dyspnœa — he had felt no pain in either sides — had a slight cough & cold, otherwise he says he was quite well & at a loss to understand the cause or nature of his ailment which continuing to increase he came into the Infirmary & presented the following symptoms —

Circulatory System

Pulse 58. regular. of good strength —

The Cardiac organ was found between the 3rd & 5th Ribs & two inches to the right of the Sternum on the Right side.

the 1st sound is normal

with the 2nd sound at distinct reduplication is heard over 3rd Rib.

Respiratory System

Respirations 36. in a minute — laboured —

Dyspnœa urgent on Erection

No Cough, nor Expectoration.

Chest. the left side is bulging laterally and measures three quarters of an inch more than the Right

Thoracic Expansion nearly Equal — Vocal fremitus absent in left thora

Percussion. Left side. Anteriorly } dull with marked resistance
Posteriorly } to the hammer.

Right side. Anteriorly — clear — except over abnormal site of heart. (Supra)
Posteriorly — clear + normal.

Auscultation. Left side. Anteriorly. Absence of Respiratory Murmur.
Posteriorly. Absence of Respiratory murmur at base & Apex — Tubular breathing midway over the seat of the Bronchi
Veiling ægophonic vocal Resonance over Scapula.

Right side. Anteriorly — Harsh — Exaggerated respiration with Sibilant & Sonorous rales
Posteriorly. the same — but Vocal Resonance much increased at Apex.

Decubitus on the Left side. the other Systems normal —

Commentary.

I have not thought it necessary to report this case in extenso — but have inserted the history and just so much of the symptoms as bear on what few remarks I have to make upon it — following as it does so fitly the preceding case, which, in some respects it resembles — as well as contrasts — but here likewise we see the disease occurring in a young and previously healthy man, engaged in an avocation full of many dangers, ie — a Maltesman — we find from the history that ten months since he appears to have had what he terms a "cold with pains" but which was probably Pleurisy — from the nature of

the pain which he describes, but which does not seem to have been acute, for he did not leave work he gets better, well he imagines, until some two weeks since, when he again "takes cold" — and then finds difficulty of breathing when he exerts himself — he is constantly out of breath — and getting worse is obliged to give up work, and comes to us totally at a loss to account for his ailments — profoundly ignorant of the serious nature of the same —

On Examination we find (as in M'Keits case) the left side of the chest full of fluid — Respiration there in complete abeyance — the Bronchial Breathing and Bronchial Voice posteriorly tells the same condition as in the last case — a hard, condensed lung, bound down by lymph, compressed & useless — the side itself measures three quarters of an inch more than the opposite, where we hear the harsh & Exaggerated breathing, and likewise signs of a slight Bronchitis which is really, as I shall presently explain, the cause of his applying for treatment —

The heart has been pushed over to the right side of thorax & a peculiar reduplication of the 2d sound is heard at the Base, caused probably by the Heart getting slightly twisted in its removal to its new site & a slight interruption to the normal synchronism in the flapping of the Aortic & Pulmonary semilunar Valves causing the double character of the second sound

The Bronchitis of the Right lung was slight, but sufficiently urgent in this case, to account for the Dyspnœa and other symptoms - for when an individual has but one lung to respire with - an affection which had he the two - would be but trivial - is - thanks to the prevailing unity - of great moment - the Treatment cures the Bronchitis - the man once more returns to work & so long as he can keep the one organ now left to him - free from disease - he lives and enjoys fair health - but when an acute Bronchitis (as in Mr Neil's Case) or a severe Pneumonia attacks it - the chances are that he cannot Recover ——

But why it may be asked was not paracentesis Thoracis performed here - the heart probably would return to its normal position & relieve the Right lung of its presence - which must be relieved from pressure - but I conceive this to be very doubtful - the Heart has by this time in all probability contracted adhesions & consequently would not return if room were made for it — and - the condition of Mr Neils lung as autopsy revealed warrants us in supposing that in this Case of a 10 months history - viz to a lung - hardened - carnified - & inexpansile, which could not possibly fill up the vacuity paracentesis would produce - the time had passed it was now too late - & there was no urgency about the Case demanding operative assistance, in other words to run the risk of Converting - this Effusion

into a Pneumo-thorax at the best - but probably an Empyema at the worst -. Dr. Watson however records two cases - one in a child - the other in a Gentleman, in both of whom, paracentesis had been performed followed by Pneumo-thorax & subsequent retraction of the Thoracic Parieties - but the Lung did once more Expand - & the thorax did return to its normal shape - but I find that such cases are rare.

It is somewhat singular that a precisely analogous case - was in an opposite bed - in the same ward - (ie William Dunlop aged 20 - recorded by Mr Wilson. Clinical Clerk). occurring likewise in a young man, 19 months since previously healthy - whose left thorax was filled with fluid - & heart displaced to the Right side & reduplication with the 2nd Cardiac sound also existing at the Base - the two in fact in all respects similar with the exception that Paracentesis had been performed in this latter case, two months before admission & a large quantity of serum letout - but the Heart did not return to its normal position - & the fluid soon collected & the left Chest is now quite full - & the left lung inoperative

It will be observed that in each of these three cases, the Effusion was in the left side -

P.S. for further observations on this case made at a later period see "addenda" Page 62.

Pyrosis — with Sarcinæ Ventriculi —

Michael Larty ætat 32. an Irishman —

Admitted Nov 6 under Dr Hughes Bennett

This man who has been a soldier since 1848 — and served through the Indian Mutiny had ague in 1859 and afterwards — began to feel pain in the Right Hypochondrium which increased in 1860 — for which he was leeched — cupped & purged at the Military Hospital in Delhi — & relieved — but it returned in 1861. when he was similarly treated — he returned home in July 1862 when the pain returned & in September last Constant Vomiting at night came on, which has since continued — Nothing wrong could be discovered except the vomiting. — the Spleen was not Enlarged —

Dr Bennett prescribed Rx. Potassæ Bicarbonatis 3ij.
Naphthæ Medicinal 3ij.
Mist Camphoræ — ad 3vj.
Ft. Mist — Take Two table spoonfuls. three times a day.

Nov. 9. Nov 9th Sarcinæ ventriculi were discovered in abundance in the matters vomited which are profuse — & on standing a thick frothy scum forms on the top — a flaky white precipitate falls to the bottom the intermediate fluid being clear — Sarcinomatous vomiting continues daily generally from 7. to 9. PM — attended with pain in right hypochondrium where no tumour could be detected — & Costive Bowels —

Nov. 15 Dr Bennett prescribed. Rx. Sodæ hyposulphatis 3ij.
Mist: Camphoræ ad 3vj —
Ft Mist. Take two tablespoonfuls three times a day.

Nov. 16th–23rd - Vomiting continued quite as profusely and at the same period - & Sarcinæ were in abundance —
Bowels costive - relieved by Colocinth & Hyoscamus Pills.

Nov 24. Sarcinæ became altered in character - larger & less distinct the matters vomited less frothy & semmmy in character but as great in quantity

Nov 25. No Sarcinæ can be discovered - and although carefully looked for Every day none could be detected for a week - the Vomiting however continued as profuse as ever Consequently on.

Dec. 1st Dr Bennett ordered. Rx. Tinct: Ferri Muriatici ℥ij.
Tinct: Card: Comp: ℥j
Inf: Gent: Comp - ℥vj
M.f. Mist. Two table spoonfuls three times a day -

Dec. 2d. 3d. & 4th Sarcinæ were abundant in the vomit which is again become frothy & semmmy —

Dec. 4th Dr Bennett ordered. The Patient to abstain from Animal food and to take Vegetable food only —

To take. for. Breakfast } Bread - 3 ounces —
Coffee. ½ Pint
Eggs 2 —
Dinner } water 1 Pint
Rice pudding 3. 3.
Supper } Bread - ℥j.
Tea ½ Pint —

Dec. 6th 7. 8th Sarcinæ were abundant and some muscular fasciculi were seen & the patient admitted having eaten meat twice —

Dec. 10. — The Patient was seized with a smart febrile attack - preceded by Rigors - Vomiting - & other febrile symptoms for which a saline mixture was ordered — the attack Continued for 3 days - during which No Vomiting occured -

Dec. 14. As the Rigors were assuming a semblance to periodicity — three grains of Quinine were given three times a day — the rigors & febrile symptoms now left him — no vomiting had occurred for some days - and the patient (though still on Vegetable diet commenced rapidly to improve and in a few days the change was most marked - and on the 21st of December — the patient said he was "quite well and desired to leave the Infirmary —

M Beverley. Cl. Cl

Commentary.

In considering this case I think it would be well in the first instance to take a brief glance at a few authorative opinions on Sarcina — & Sarcinomatous Vomiting

Professor Goodsir in 1842. discovered some peculiar bodies in the vomit of a patient suffering from Pyrosis which from their resemblance to the packs of a Wool-sack he termed Sarcinæ. — he further showed that from its form - its fissiparous propagation — its action under re-agents — the Sarcina was an algal condition of a common fungus —

Its source seems to be a matter of controversy —

Dr John Lowe in a paper read to the Botanical Society of Edinburgh states — that having found these bodies or their counterpart in some stagnant water plants it probable - that they may by imbibition be taken directly into the Stomach — & to account for their appearance (occasional) in the lungs - he conceives that the spores of the fungi - probably belonging either

to the Penicillium or aspergillus; are carried into the Pulmonary passages during Inspiration and are there developed—
but they are also found in the Kidney—This Dr L accounts for by assuming that it enters the circulation not through the membranous walls of the capillaries by Endosmose—for although only 1/1000 of an inch they are too large for this, but he thinks that owing to some scratch—or abrasion of the Mucous surface a slight lesion of a capillary or vein takes place & thus they gain direct admission into the blood—& Entering the System—reach the Kidney & are ultimately Eliminated & found in the Urine— Dr Lowe considers that there must be pre-existing disease before the parasite can be developed as the normal Gastric juice destroys it; but that when formed by its creating fermentation in the contents of the Stomach it gives rise to the Vomiting & peculiar appearance of the Vomit & lastly he considers that the reason the Plant grows & thrives in a locality so apparently little suited for Vegetable organism is because of a peculiar pabulum there existing in a state of disease which he conceives to be hydrosulphuret of Ammonium——

With regard to these views advanced by Dr Lowe—I must say I think they are rather too speculative—for surely there are no good grounds for supposing that because some growths resembling Sarcinæ are found in stagnant water—that this is the medium by which they gain introduction to the Stomach, if such were the source these cases would be still more uncommon than they are; for we see them in persons who never drink

water at all except "domesticated" if I may thus term it by which process its stagnant properties if they once existed would be rectified — This man stated that he never drank water — but was an inveterate spirit drinker & if the spores existed in the Atmosphere Sarcinæ would be far more Commonly found in the lung than they are — whilst the matter of chance, artificial method of obtaining an entrance to the Kidneys & Urine seems to me highly improbable —

Dr Budd considers that the disease depends on some organic change, in the Stomach — in consequence of which the perfect evacuation of its Contents are prevented & that consequently a secretion is poured out from the Stomach which mixing with the food excites fermentation — and that the developement of Sarcinæ is to the fermentative process — just as Torulæ — are to the Alcoholic fermentation — Dr B thinks that common Alcoholic fermentation is first set up — but that Alcohol is rapidly transformed into Acetic acid. which change takes place — partly within — but mostly without the Stomach where most O could be obtained. Dr B. further states that Sarcinæ only exist when the Matters vomited are acid — & hence he suggested Alkalies in the Treatment I may mention that in this case — the Vomit was always acid — had a peculiar acetous sourly odour — & that I always discovered more Sarcinæ in the matters vomited some hours — than in recent Vomit — and always more in the Scum at the Surface than in the flaky deposit at the bottom —

Dr Bennett under whose care & treatment the case in question was considers the origin unknown — but that it is their presence which causes the Chronic Vomiting & other symptoms in these individuals — & its cure will depend on their removal destruction & prevention of return & our treatment must be directed to destroy them when formed —
Having this end in view Dr Wm Jenner proposed the Sulphite & Hyposulphite of Soda — which by combining with the Gastric juice Eliminates Sulphurous Acid which destroys the growth of the Plant — Dr Budd recommends Creosote in minim & half minim doses to prevent the fermentative process —

With regard to the case in question we see that although the pain over the region of the pylorus was of two years history — that the Vomiting was of comparatively recent date ie two months before admission — the question at once arises have we here to deal with organic disease or functional disturbance of the stomach? Dr Budd tells us that there must be obstruction to the exit of the food from the stomach for its occurrence — but is this obstruction necessarily organic? Certainly not — The super-acid condition of the contents of the stomach — the Gases Eliminated by the fermentative process — may so irritate the organs to cause spasmodic contraction of its pyloric orifice & thus delay the onward progress of its contents & afford the necessary obstructing medium —

I think it very doubtful which is the case here, the mans appearance history & local pyloric pain forbodes Organic

against which the speedy Recovery militates—
We notice in this case—.

a— The profuse Vomiting
b. The characteristic nature of the Vomit - both as to
c. Physical & Microscopic Appearance—
d. The pain in Right Hypo-chondrium
e. The Costive Bowels—
f. The many & diverse Remedies employed
g. Their apparent inutility
h. The Ultimate & almost Sudden Recovery - preceded by
i. an Attack of Fever—

The matters vomited were large in quantity - characteristic in quality - but instead of fermenting & bubbling and
a. disturbing the man's sleep at night, as is usually the case, he discharged his burden during the Evening usually at 7. or 9 Pm. & then passed a good night—
b. The Sarcinæ & the Remedies may be considered together as the latter are directed against the former.
The Medicinal Naptha was prescribed before the Sarcinæ were discovered — and was directed to check the vomiting which however it did not remedy - nor had it any effect on the Sarcinæ which were abundant all through its administration
Hypo-Sulphite of Soda was next prescribed with the view of destroying the Vegetable organism by the disengagement of its Sulphurous Acid, the first dose of its Employment produced no effects whatever - the Sarcinæ were just as

abundant — the vomiting just as profuse — but on the 9th day the Sarcinæ were noticed changed in character & diminished & on the 10th were entirely absent — the Vomit too had altered in appearance — & was no longer scummy & like porridge at the top — this state of things continued for a week — No Sarcinæ — but profuse vomiting — suggesting a dubious question as to cause & effect

Tinctura. Ferri. Muriatis — was next ordered — to see if it moved cheek the vomiting & on the very next day Sarcinæ once more abounded & the Vomit had the same appearance as at first

At this period it was suggested that on account of the resemblance of the Sarcinæ to muscular fibre they might after all be portions of Muscular fasciculi — & to try this theory — the Vegetable diet mentioned in the report was adopted — & for the 5 subsequent days — the Vomiting & Sarcinæ continued as before when unfortunately for the Experiment — but to my mind fortunately for the patient — he was seized with a smart febrile attack and at first I thought he was going to have continued fever, of which there were cases in the Ward — but he got well of it in a few days & singularly enough the Vomiting ceased from the very day on which he had the first rigor — next we find the rigors assuming rather a periodic Tendency (but no vomiting taking place) — and three grains of Quinine were given him — soon after which he rapidly recovers, looks & feels quite well — has no Gastric pain — nausea — sickness or Vomiting and leaves the Infirmary cured — Now comes the

Question— What has cured him?—
Some suggest— the last remedy— Quinine— but this I think is untenable— when we consider that the Vomiting had already ceased some days before it was administered—
others propose— the Vegetable Regimen— but this I think equally improbable— for it was only in force 5 days— in all of which Sarcina were abundant & Vomiting profuse— & on two of which he took meat secretly—
The Good-effects of the Hypo-sulphite of soda— is I think well demonstrated— in destroying the Sarcina— though not preventing the Vomiting— for we see the very next day to that on which it had been left off— Sarcina which had been absent for a week— again present—

For my part I do not attribute the relief to any one— of the remedies employed— but consider the smart febrile attack of the 10th which, at once disturbed the Vomiting from "the even tenor of its way" directing as to speak, the general system of the patient quite into another channel— calling forth new energies— superseding old— so that our recovery from the short but severe— attack of Fever— together with the tonic rather than the antiperiodic effects of the Quinine so braced up the General System & with it the Stomach— that the latter became once more a quiescent instead of refractory organ—

Brights Disease.

Patrick Fitzpatrick – 47. Labourer.

under. Dr. Hughes. Bennett

The patient states that ten days since after exposure to cold & wet, he noticed that his feet & legs were swollen and the quantity of his urine diminished, & that micturition was attended with pain & difficulty – this was followed by a cough & dyspnœa –

He admits being a very intemperate man – often intoxicated & principally addicted to Spirituous liquors. Whisky in particular –

Symptoms on Admission

Circulatory System – normal with the exception of a reduplication with 2nd Sound

Respiratory System. Examination revealed Emphysema of both Lungs.

Nervous System. is languid – drowsy but cannot sleep – hearing & sight affected –

Digestive System. Appetite bad – Bowels costive

Genito-Urinary. Painful & difficult micturition – frequent & especially at night. Lumbar pain – & is obliged to stand up & compress his bladder on the instant.

Urine. smoky in colour. Sp: gr: 1023. Loaded with Albumen with a few Fatty Tube Casts

Integumentary System – Face. pale – puffy ædematous – with a glistening sclerotic

ascites – & general anasarca – surface of skin dry.

Treatment. 31st October. Dr Bennett prescribes. half a drachm of Bitartrate of Potash three times a day. – which was increased to one drachm on the 3rd of November. – This with now & then dry Cupping constituted the Treatment.

Urine Table.

1st week.

Nov: 1st	40.	albumen abundant –	Tube casts present –
2	38.	"	"
3	40.	"	"
4	48.	"	
5	46.	"	Tube casts diminishing in number
6	52.	"	Tube casts absent –
7	50.	"	"

average. Sp: gr: 1022

during this week little change took place –

	2nd week	Oz.	
	Nov. 8.	— 42	
	— 9	— 40	average Sp: Gr 1020.
	— 10	— 40	the urine increased but very little in quantity this week —
2nd Week	— 11	— 50	albumen still abundant — but no tube casts —
	— 12	— 51	Edema of face & thorax diminishing —
	— 13	— 48	Caught Dyspnea — greatly improved.
	— 14	— 46	Heart sounds normal —
	— 15	— 48	
	— 16	— 54	albumen abundant during the first part of the week —
	— 17	— 66	but during the latter very much diminished — & Scarcely a
3rd Week	— 18	— 72.	trace present — Urine increased in quantity — Average Sp Gr 1013
	— 19	— 70	Colour light & normal —
	— 20	— 78	No edema now anywhere — patient looks & feels much better
	— 21	— 70	Circulatory & Respiratory Systems normal
	22	— 72.	
	23.	— 68	albumen: the first part of the week was all but absent
	24	— 64	the latter part absent entirely & the Urine normal Sp: Gr. Average 1012.
4th Week.	25	— 68.	all symptoms have disappeared — patient says he quite well.
	26	— 70	and is dismissed.
	27	— 60	Cured.
	28	— 60.	

T Beverley. Cl. Cl.

Commentary.

This was a genuine and typical case of Brights Disease, whether by that disease be included — that a condition where there is dropsy caused by Renal Disease & attended with albumen in the Urine — or if limited to Fatty degeneration only according to Dr George Johnson & some other Pathologists —

I say it was a typical case — for I well remember that when the patient was brought into the Ward that we Clerks, at once diagnosed Brights disease before any examination had been made, & reliance on Facial Diagnosis: which, at that early period of the Session except in very marked cases could not have been made — or rather hazarded — but what this suggested the symptoms which Examination

unfolded — unmistakably confirmed —
The Lumbar Pain — the painful — frequent — nocturnal micturition — the Urine — small in quantity — in quality quite pathognomonic — high coloured — smoky — loaded with Albumen — with a few fatty Tube-casts —
the pallid & the puffy face — the leucophlegmatic temperament the pale — dry unperspiring skin — the drowsy heavy state of the Mental faculties — the pulmonary complications & finally the general Anasarca — were indubitably marked & prominent — but it is for the Treatment & its discussion that this case is introduced to illustrate — and in the Treatment of Bright's Disease it becomes a question are we to call to our aid Diaphoretics — Diuretics — or both — some employ the former — and protest against the latter — others employ the one or the other — but especially the latter — let us first consider the Diaphoretic Plan of Treatment and I cannot do better than quote from the work of its principal upholder Dr George Johnson — who says " The object of treatment will be to take care that the kidney be as much as possible relieved from its labour of elimination and that other excretory organs be induced to assist in purifying the Blood " referring to Diuretics he says " a slight consideration of the morbid anatomy and pathology of the disease will suffice to show that in the early stage — diuretic medicines must be injurious while in the latter stages they are quite unnecessary

A diuretic Medicine is generally some substance which having entered the Blood, is separated by the Kidneys together with a certain quantity of Water which is required to keep it in solution so that whilst the process of separation is going on the quantity of Urine is increased — suppose however that the same material be given to a patient whose kidney tubes are choked with desquamated Epithelium & the blood consequently poisoned with Urea — the effect of such a proceeding is only to increase the mischief by adding to those materials in the Blood which the kidney is striving to Eliminate"

Dr Johnson's treatment mainly consists in attention to the Skin & the Bowels — the Hot-air bath and Antimonial Wine — with or without Dovers Powder — keeping the Bowels freely open with Sulphate & Carbonate of Magnesia — or Calomel & the Compound Jalap Powder (which by the bye is diuretic as well as hydragogue Cathartic) — and he only gives Diuretics in those cases where other treatment has failed — where Diarrhœa forbids cathartics — & the Urine is very Scanty & the Dropsy great —

Dr Bennett under whose care this case was pursues the diuretic treatment — & thus writes —

"Diuretics — It has been thought that in the acute Inflammatory Cases where the Kidney is more or less congested & loaded with exudation —

that diuretics by stimulating the organs and exciting them to increased action would add to, rather than diminish the excitement. But when it is considered that the dropsy is induced by obstruction in the secreting tubes which present a mechanical obstacle to the ~~blood~~ outward flow of the fluid, it seems probable that by increasing that flow, the accumulations producing the obstruction may be washed out— Besides by augmenting the amount of fluid from the Malpighian Bodies through such tubes as still remain pervious a compensation is frequently to be found for the diminished flow, which takes place in the obstructed ones— Certain it is that I have given diuretics in all stages of the disease, with the best effects as soon as it became manifest that the remedies formerly *alluded to were of no avail— "

*these are diaphoretics— Cupping over the Loins & warm fomentations; diet Nitrate & Exercise—

On these principles the case before us was treated let us mark its progress & see its result—

The symptoms on Admission I have already referred to The Patient commenced by taking half a drachm & then a drachm of the Bitartrate of Potash & continued this—all through—

In the first week little or no change occured—

In the second we find the quantity of the Urine slightly increasing— the Tube- Casts absent— the

chest symptoms much better & the adema of face & thorax much less -

It is in the third week that the Improvement is so decidedly marked — the Urine now is greatly increased in quantity - of an average normal specific gravity & the Albumen towards the end of the week scarcely detectable: the adema is everywhere gone — & the Respiratory System is healthy — and

In the fourth week we find the patient is Convalescent all that formidable array of symptoms which I grouped together on a former page are now happily vanished - & our patient goes out Cured. after a months treatment —

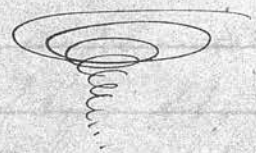
Such is the effect of the Diuretic plan of treatment in this case - & this is not a solitary isolated Example - I have reported it only as coming under my more immediate attention from having the case to report - but others - I think four in number up to this time have made their Entrance & similarly Curative Exit as this - Consequently I think we are justified in pausing before we give our assent to the quiescent treatment of D^r Johnson - but that both plans of treatment are successful none can deny - As a Student of Kings College London - I had seen D^r Johnsons practice & received his Clinical Instruction on this very matter - & Consequently was somewhat

surprised to find it ignored in the Clinical wards of this Royal Infirmary & with a somewhat partial tendency to the Johnsonian views I have eagerly & carefully watched the results of this to me new treatment & certainly its results are most satisfactory and when one comes to consider this question in a practical light – I think that the diuretic treatment will appear the most rational – let us for Comparison suppose that we have a number of tubes conveying a liquid – some of them become blocked up – the fluid now that its excretory channels are diminished – accumulates & to keep to professional terms – a dropsy results – how is this to be relieved? By carrying it off by other channels may certainly be adopted – but surely the most scientific plan would be to remove the obstruction itself that the fluid may flow its natural way – & in no method is this so well adopted as by an increased rush of fluid – a vis a tergo so when in the Kidneys the Renal Tubes are blocked up – let the obstruction be either exudative – desquamative waxy – or fatty – the actual amount of fluid cannot pass & Dropsy results – how are we to remove it? by indirect channels – as the Skin & Bowels? truly we can – but as in the case above the sure & practical way is to remove the obstruction and by an increased flow of urine – wash out the tubes – clear away the exudations or desquamations

as the case may be — and secure the natural passage free for the urine to pass by its usual & accustomed rout —

The Diuretics which have been found most useful are the Bitartrate of Potash in one drachm doses — or the Infusion of digitalis applied externally & digitaline administered internally as recommended by Dr Christison —

In this case the Bitartrate was given from the first to last — & it is interesting to watch the result — which is not sudden & startling but gradual — & slow — leading eventually certainly to an early recovery —



over

Addenda.

A I may add in conclusion that since the above was written I have on three occasions examined Forsyth whose case is recorded and commented on on Page. 12 and that the improvement both as to physical and general signs still continues - that Yesterday (Feb 23rd) when he "showed himself" at the Hospital - the Respiration at the Apex of the left Lung was quite normal, at the Right Apex very nearly so - & he continues to gain flesh (is still taking Cod liver oil) & notwithstanding he is at work on full time -

B The case of Mc Gregor (with Pleuritic Effusion) has since I made the observations on it on Page 40 undergone a remarkable change - which I may briefly state is as follows.

The Left side which was so dull on Percussion and minus Respiratory Sounds, was found one day to have changed its phenomena - below the Clavicle percussion note was decidedly less dull and a semblance to Respiratory murmurs were audible - a few days later further progress was reported - loud Respirations were audible below the Clavicle, and resonance displaced dulness, as low as the upper border of the fourth Rib - and two weeks later the entire space between the lower border of the 5th Rib & the Clavicle was clear on percussion & Respiratory sounds were

heard on Auscultation — The Heart had returned to the left side of the Sternum & was occupying very nearly its normal site and the reduplication of the second sound was no longer audible — and at this period the man said that he felt so well, that he insisted upon returning to work ——

Here then was a remarkable change when compared with the symptoms on entrance — when the left side was distended with fluid and as dull as a board — To what is it owing? What has caused the Absorption of the fluid? the Expansion of the Lungs? the return of the Heart? —— Medicine —? by no means for with the Exception of a little Chlorodyne on Entrance — no drug or Medicinal agent of any kind has been administered — Paracentesis Thoracis had not been performed — in fact nothing but Rest & full diet had been prescribed and therefore it may be looked upon as one of those Cases which probably are not so rare as our Books tell us, of Spontaneous Cure, by Natural Absorption. A case of this kind leads to many suggestions Suppose <u>diuretics</u> had been given here — (as indeed they were to a similar case and with no Effect) — their curative power would

have been considered substantiated
If Paracentesis had been performed — it would
have merited the applause — If Mercury
and Iodide of Potassium had been given
they would have received the credit; but
as none of these, as nothing had been tried
Nature has had that opportunity which
we too seldom allow her, of conducting the
treatment of the case herself — & in her own
way, unfettered by art, but under those
favourable conditions, which the Wards &
diet of a Hospital affords — whilst the
man is at work and under conditions
Exhaustive, Nature, cannot work out the
requisite means which She has in her
power — and therefore cannot effect
those results, which under circumstances
of Restoration & tone which a few weeks
rest & good living, secures to a feeble frame,
she both can and as we have seen in
this instance, does resolve in a manner
inimitable by Art — As this man gains
strength Absorption which had been
in abeyance comes into play, and gradually
removes the fluid — and the lung, which
in my Comments in Page 43 I had wrongly
supposed to be carnified and inseparably
bound down by old lymph, is also

expanding - and if it was bound down as well as compressed, the lymphous bands are giving way, allowing pulmonary expansion commensurate with fluid absorbed - and the pericardium had not contracted adhesions as was supposed or it would not so readily have returned to its normal site - that the reduplication with the second sound of the Heart was caused in the manner suggested in my former Commentary on the case was I think probably correct from the fact of its being absent now that the Cardiac organ is itself nearly in situ -

Whether, now that the man has returned to work and is again under those conditions (Exhaustive) unfavorable to Absorption, the remainder of the fluid will be removed & the cure completed is of course a question which time & an opportunity for subsequent Examination can only solve —

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