

# THE MEDICAL CHRONICLE.

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## ORIGINAL COMMUNICATIONS.

ART. VI.—*Pneumonia, Atrophy and Softening of the Heart, Rupture of the Anterior Coronary Artery, Hemorrhage into the Pericardium, Pericarditis, Death, Autopsy.* By Dr. Voss, Ordnance Medical Department.

A. S.—Ordnance Cooper, aged 41 years, who had been two weeks ill, became an out-patient of the Royal Ordnance Hospital on November the 5th, 1853, for severe cough, slight dyspnoea, and pain of the chest.

On percussing the chest I found it somewhat dull, especially on the right side corresponding with the inferior lobes of the lung.—The Stethoscope detected small crepitations throughout both lungs, but this pneumonic stage too was most marked in the region indicated by the evidence of percussion.

At first the cough was dry but shortly rusty sputa, characteristic of pneumonia, appeared.—He was at once treated by small doses of calomel, tartar emetic and opium. For a few days the inflammation progressed and bronchial respiration could be readily heard both anteriorly and posteriorly. As the gums were now very tender, medicines, with the exception of an occasional aperient, were interdicted.

The daily examination of the chest, owing to the comparative strength of the patient and his willingness to please, proved highly instructive;—indeed I do not remember when the stages of disease and convalescence were so easily distinguished.

The gums were kept tender until the normal respiratory murmur was re-established;—and as there remained considerable aphonia a blister was applied to the throat and the iodide of potassium was given internally, which soon restored the voice.

December 1st.—I should now have pronounced my patient convalescent had he not complained of restless nights, cramps in the legs,