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ART. XII.—ACUTE PERICARDITIS.

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The quarter just ended, and which was devoted to medical clinical instruction, in the Montreal General Hospital, has furnished to the students attending that noble institution, many most interesting and highly instructive cases for study—not cases, be it observed, in which the wonderful efficacy of remedial agents in averting death was proclaimable, but in which, on the contrary, from their very nature, no other prognosis could be hazarded, but that of death sooner or later. The chronic or time requiring character of these diseases, in reference to their issue, enabled the gentlemen composing the clinical class in particular, and all who frequented the wards in general, to observe and study the progress daily and steadily made by disease upon the affected tissues, and finally upon the *vitability* of the patients; to obtain explanations for the modification of symptoms thereby produced; to watch the efficiency or otherwise of the remedies employed, becoming familiarized with their *modus operandi*, and their adaptation to fulfil the indications proposed; and lastly, by post mortem examination to verify or correct the diagnosis furnished at the commencement of the management of the case. To shew the description of cases from which matter for my clinical lectures was derived, and from among which I propose, with your permission, to publish in these pages the histories of a few of the most striking, as recorded by Mr. A. S. Bristoll and Mr. M. Callum, both students of McGill College, I may mention—disease of the heart and pericardium—phthisis—hydro-pneumothorax—peri-pneumonia notha—congestive pneumonia—chronic laryngitis, and with outward fistula—typhus, with cerebral complication; typhus, with pulmonary complication—hysterical mania—secondary syphilis—neuralgia, terminating in myelitis—cases of hysteria simulating white swelling of the knee, hip joint disease, asthma, pleurisy, and peritonitis—erysipelas—rheumatic gout—albuminuria—disease of the bladder from spinal injury—tuberculosis—sclirrhosis—and hypochondriasis. By an arrangement entered into with my friend Dr. Arnoldi, and for the especial benefit of the class, I received during the quarter no surgical cases whatever, selecting from among *all* the inmates in the institution those purely medical cases which I considered as likely to be most instructive. Ninety-three cases were treated by me during that period, of whom were in the hospital on the 1st February, 36; admitted during the quarter, 57. There were discharged cured, 59; died, 15; remaining on the 1st May, 20. Of the deaths, there were from phthisis 5; disease of the heart and pericardium 4; sclirrhosis 1; albuminuria 1; marasmus after scarlet fever 1; peripneumonia notha 1; congestive pneu-

monia succeeded at the end of six weeks by purpura 1; tuberculosis with caries of the sternum and ribs and pulmonary fistula, also caries of the sacrum 1.

CASE 1.—*Acute Pericarditis*.—James Larkin, aged 50, an Irishman, admitted on the 23rd November, 1848; of ordinary height, muscular, has a well developed chest; although a laborer, never suffered from any sickness until a month before admission, when he “took a severe cold, from which he could not get clear;” professes temperate habits, never had rheumatism; complained on admission of dyspnoea and cough, with slight watery expectoration. Since admission he has been blistered, purged, and had diuretics, and various other remedies, with but little relief of symptoms.

On the 5th February, the following note was made: Great oppression on his left side, much cough, attended by little watery expectoration, disparition of the intercostal spaces, turgescence and pulsation of the jugular veins, anasarca of the lower extremities, principally of the left; duskiness of the face; complains of disturbed sleep, from dreams and startings; the pulse is small and irregular, 80–82, that on the right side much smaller in volume than that on the left, scarcely appreciable for days together.

Bronchial respiration was found on the left side, and in an erect position a slight vesicular murmur was audible at the apex of the left lung; this was distinctly heard over the right lung, but was not at all puerile; the sound on percussion was dull over the whole left side, except in the subclavicular region, and extended to the right side of the sternum. Nothing abnormal in the sound of the heart; its impulse against the thoracic parietes was so exceedingly feeble as to appear almost wanting, the rhythm rather faster than usual; during the parietal movements of the heart there was a rumbling or jogging sensation communicated to the cylinder; decubitus on the angles of the left ribs, with his head and shoulders raised; tongue white, not coated; skin rather cold; conjunctivæ rather suffused. The diagnosis then given was the following:—Pericarditis with adhesions, hypertrophy with dilatation, deposits on the mitral valve from endocarditis, accompanied by softening of the walls, giving rise to the irregular pulse; dilatation of the aorta at its origin; hydrothorax. Was ordered a large blister, with pills composed of calomel, squills and digitalis, and compound jalap powder in the morning.

On the 8th, on placing the stethoscope over the mitral valve, a fine rasp bruit was heard, but this was much masked by the bronchial respiration; he breathes more easily, there is rather less dullness on percussion.

R. Pil. Hyd. gr. iij. scillæ. gr. i. ext. conii. gr. ii. ft. pil. meridie et vespere ꝑ.