

Toronto Clinical Society.

(MAY 8TH, 1895.)

President DR. RYERSON in the chair.

Empyema.—Dr. GRAHAM presented a patient, a young woman aged 26, who had suffered from an attack of pneumonia eight years ago, which was followed by an empyema. She had been coughing up pus ever since then, coughing up as much as a half pint in twenty-four hours. The one lung was in fairly good condition, somewhat emphysematous and enlarged. The other side was very much contracted. A peculiar feature about the case was that both in front and behind there was a musical bruit with each systole of the heart. What produced it he was not prepared to say. He had another patient, a young man suffering from the same condition of chest, in which a similar bruit could be heard, whom he presented to the Society for examination. He asked the opinion of the Fellows as to the advisability of an operation to relieve the condition in the two cases. In the first case there was exaggerated breath sounds on the upper part of the side affected. Vocal fremitus was absent in the lower portion, and the breathing was somewhat tubular. Dr. Graham read the history of the second case: In October, 1894, the patient was seized with severe pain in the region of the liver in the axillary line. Was treated for abscess of the liver in New York; lost flesh; was troubled with profuse sweating; two weeks after coughed up considerable matter of a reddish dirty color. In January, 1895, was admitted to the Toronto General Hospital. Temperature ran up to 100°, 102°, 104°, with morning remissions. About two months ago the chest was aspirated, but no pus found. Breathing is now regular; expiration prolonged; more expansion on the left than the right side; coughs a great deal, and expectorates a large amount of foetid matter; no tubercle bacilli are to be found in the sputa, but a good many pus organisms. In both cases the empyema had opened into the bronchus before he had seen the patients. He thought possibly the bruits might be due to the presence of a cavity filled with air in which the heart sound was echoed.

Dr. W. H. B. ATKINS asked how long the last case had run. He said about three months ago one of the servants at the General Hospital had come under his care, suffering from an attack of influenza. Pleurisy developed, with the accumulation of a large effusion in the chest. The heart was very much displaced, and there was great difficulty in breathing. Although in the acute stage, as the symptoms