

PARACENTESIS THORACIS.

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CASE I.—In the latter part of December, 1868, I was called to Windsor to see a female, aged 38, married, no children, in consultation with two physicians there. Her heart was beating on the right side of the sternum, just underneath the right breast. Her disease had been diagnosed hydro-pericardium; but after a careful examination, I came to the conclusion that it was hydrothorax of the left pleura, to which the other physicians assented. She had been a very stout and healthy woman until within the last three or four years. Since that period she had been on the decline, gradually becoming more and more emaciated with an occasional cough; no expectoration, and no particular localized pain, but laboured respiration, particularly at night, which was thought by her then medical attendant to be asthma, and was treated accordingly. She belonged to a family with good lungs; but both of her parents, I think, have since died from valvular disease of the heart. During her illness she had been treated by an eclectic, a homœopathist, and lastly by a "regular physician." Her most prominent symptom when I first saw her, was impending suffocation; and this, coupled with displacement of the heart and other physical signs, at once induced me to diagnose an immense collection of fluid in the left pleura, recently very much augmented no doubt, but had been collecting from a chronic pleuritis for several years. I immediately suggested paracentesis thoracis to relieve the oppression. The other doctors agreed, and I introduced the trocar into that part of the chest where the heart should have been, and drew off a great quantity of serum, with much relief to the patient. It continued to drain for about twenty-four hours after the canula was removed; but after it had ceased to dribble away, the fluid re-accumulated and the oppression returned. It was not considered advisable to repeat the tapping, as her constitution was too far spent. She died about one week afterwards. This patient might perhaps have been saved if she had been tapped in time and the operation repeated once or twice.

CASE II.—My second patient was a French Canadian girl, aged twenty. She, also, had been on the decline for a few years. Her