

SKETCHES OF SUCCESS AND FAILURE IN MEDICINE.

BEING THE SUBSTANCE OF THE LUMLEIAN LECTURES AT THE
ROYAL COLLEGE OF PHYSICIANS IN 1862.

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Pleurisy, a local inflammation producing its effects by its effusion, liquid and solid; Varieties; Serous; Empyema; Euplastic, Cacoplastic, and Aplastic Lymph—Treatment of Pleurisy—When, why, and how the chest should be tapped—Cases requiring operation—Successful cases without operation.

Pleurisy has by no means the same relations to the blood which I have pointed out to exist in pneumonia. Pneumonia is essentially a blood disease, although attacking a particular organ. Pleurisy is essentially a local disease; and its relations to the blood are incidental on the extent of the inflammation and the amount and quality of the effusion which it produces. We may further trace out the evils and dangers of pleurisy in connection with these results under four heads, (1) the quantity of the liquid effusion, (2) its quality, (3) the quantity of the solid effusion. (4) its quality.

When the quantity of liquid effusion is moderate, it is remarkable how little inconvenience it causes. After the pain (if any be present) subsides, which it commonly does in a few hours, or in a day or two, the patient often thinks himself well, till he finds on exertion his breath short than usual. Thus it frequently happens that the existence of the effusion is not discovered until long after it has taken place. Its easy detection by auscultation constituted one of the earliest and most striking triumphs of that mode of examination.* But if the effusion is very copious and rapid, the functional disturbance may be very great, in consequence of the

* *Note added in 1872.*—I take this opportunity to remark that some of the most recent writers on pleurisy seem neither to appreciate nor to understand the nature and value of the physical signs of pleurisy, which were, nevertheless, sufficiently explained and defined more than thirty years ago. In my lectures on "The Physiology and Diseases of the Chest," published in the *Medical Gazette* in 1838; in the article "Pleurisy" in the "Library of Medicine," vol. iii., 1840; and in the last edition of my "Pathology and Diseases of the Chest," 1840, (now long out of print), the physical signs previously known were carefully considered, and new ones described with a precision that removed much perplexity from the subject, and made the diagnosis of pleurisy, with all its results, sufficiently plain to anyone who would take the trouble to master it. Although so many years have elapsed since the date of those publications, I have met with nothing in my own longer experience, or in the writings of others, to invalidate the statements there made. There may be found the first complete description of the varieties and signs of partial effusions in the pleura; the true nature and signification of ægophony; and the first announcement of tracheal and tubular sounds of precussion, the discovery of which Trousseau and others ascribe to Skoda; whose retentions to it are of a much more modern date. My acoustic explanations of the noisy bronchophony and loud amphoric breath sounds of pneumonia are quite different from those of Professor Skoda. They were annually given in my lectures in University College before 1850; but as I hardly published anything on diseases of the chest for twenty years after, I do not think they appeared in print until I mentioned the subject in a note in the chapter on physical signs in our recent work on "Pulmonary Consumption," p. 171.