Original Communications.

FOUR CASES OF PLEURAL EFFUSION —IN TWO OF WHICH, THE FLUID WAS REMOVED BY PARACENTESIS AND IN THE OTHER TWO BY THE FORMATION OF AN EXTERNAL ABSCESS, COMMUNICATING WITH THE PLEURAL CAVITY.

BY THOMAS B. PEACOCK, M.D., F.R.C.P.,

Honorary Consulting Physician to St. Thomas's Hospital.

Case 1.—Large serous effusion resulting from subacute pleurisy in a boy, aspiration, rapid and complete recovery.

Henry Spearing, aged ten, admitted into the Victoria Park Hospital, November 28th, 1877, having been ill for two weeks. He ascribed his illness to having gone out into the yard without his coat; the attack commenced with pain in the left side, extending across the epigastrium, which was increased on drawing a full breath, and these symptoms continued till he was admitted into the hospital. He had not been confined to bed, but had not been able to leave the house. When admitted, the left side was much expanded and its movements were abolished. There was marked dullness over the whole side and the respiratory sounds were inaudible everywhere except above and below the clavicle and at the lower cervical region. The heart was felt to beat over a large space between the right nipple and the lower portion of the sternum. The respiratory sounds on the right side were loud and compensatory. From his feeble infantile voice it was impossible to test the vocal fremitus.

It was decided at once to remove the fluid, and this was done the following morning by the aspirator by Mr. Bark, the Resident Medical Officer. The needle was inserted between the sixth and seventh ribs, in the line of the posterior border of the axilla, and forty-seven ounces of greenish-coloured serum were removed. Soon after the operation, the heart could be felt beating on the left side, rather below and to the left of the nipple. He passed a good night, and the following morning had a temperature of 99.5°. The left side of the chest was less expanded than before and the resonance on percussion was improved especially at the upper part posteriorly; there was more movement and the respiratory sounds were now distinctly audible, anteriorly and posteriorly, and in the axillary region. The heart could be felt to beat in the fifth interspace, about midway between the line of the nipple and the sternum.

On the 19th of December he had steadily improved, but there was still dulness on percussion in the lower anterior and posterior regions, and in the middle and lower lateral regions, but the respiratory sounds were distinctly audible in other parts of the side and feebly in the lower dorsal region. He was bright and cheerful and took his food well. On Jan. 2nd, 1878, the two sides of the chest were nearly equally expanded, though perhaps the left side was a little fuller behind; the movements were equally free on both sides. He could draw a full breath without having any pain in the side. The mark of the puncture was scarcely traceable. There was still some impairment of the resonance on percussion at the lower parts of the side all round, but the breath sounds could be heard everywhere, though somewhat feebly below. The heart occupied its natural position.

Case 2.—Empyema of left side in a young man; suspicion of lung disease; aspiration, followed by abscess in the seat of puncture; pleural cavity freely opened; recovery.

Richard Gammon, aged seventeen, a warehouse man, admitted into the Victoria Park Hospital, October 8th, 1877, having been ill for two months. He was first taken with pain at the lower part of the right side, after which he had pain on the left side, with cough and expectoration, but he had never spat any blood. He stated that his father died of pleurisy at thirty-three, and that he had lost several brothers in infancy, but his mother and a brother and sister were still living and healthy.

The left side of the chest was everywhere imperfectly resonant, and it was entirely dull in the lower dorsal region. The breath sounds were only feebly heard over the whole side, and were entirely inaudible in the lower dorsal and in the middle and lower lateral regions, where also the vocal fremitus could not be felt. There