

THE CAUSE, DIAGNOSIS, AND TREATMENT OF PLEURISY.*

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I have chosen for the subject of my paper this evening, the cause, diagnosis, and treatment of pleurisy.

In this paper, I shall endeavor to free myself from the influence of books, exposing personal views, the result of my own experience.

I can hardly understand the legitimacy and exactness of all those classifications into acute, chronic, tuberculous, caseous, cancerous, hemorrhagic, and purulent pleurisies.

Pleuritis means inflammation of the pleura, and this inflammation will constitute, if you like, a morbid entity, evolving according to *individuals*. The latter will cause the disease to follow different courses, according to the dispositions of their organisms, and the irregularities of their constitution.

The epiphenomena, which, in a given pleurisy, determine changes in the quality and nature of the effusion, do not authorize our giving to this pleurisy a special name. Because the exudation contains leucocytes, blood-corpuscles, fibrin, should we call the inflammation of the pleura a purulent, hemorrhagic, fibrinous pleurisy?

No; what we must ask ourselves is this:

Is there pleurisy, yes or no? The fever, the stitch, the cough, and especially certain physical signs, cause us to recognize that the pleura is inflamed; that is all we want. Let us, hereafter, carefully watch the evolution of the evil, and find out, in the patient's organism, the reasons which will cause the inflammation to divert from the normal natural course.

The tissues of the human body are governed by the immutable laws of normal and pathological physiology. Amongst the theories invented to explain pathological phenomena, one faithful expression of truth has survived, "*Ubi stimulus, ibi fluxus.*"

That stimulus may vary as to its nature, but nevertheless its presence is indispensable. Under its influence, the intimate exchanges, of which our tissues are the stage, deviate from the physiological course. There arises a disorder ruled also by the fixed laws of pathological physiology, but the accomplishment of

which can be disturbed by the nature of the soil where the phenomena take place. Hence, varieties in the behaviour of diseases, but varieties not susceptible of a methodical and uniform classification, owing to their differing with each individual.

The pleura is inflamed because it has been irritated. But where do these phlogogenic irritants come from?

From outside of the body, in the vast majority of cases; from inside, also, according to those who acknowledge, as causes of pleurisy, the sundry morbid blood conditions produced by various diatheses, such as tuberculosis, rheumatism, cancer.

The principal, the most important, most frequent cause of pleurisy is external; the sudden impression of cold on the surface of the body. The shock impressed at the periphery determines disturbances in the neuro-vascular apparatus of the pleura. The histo-chemical elements of the serous membrane, irritated by that sudden interference with their normal functions, lose their head, as it were, and inflammation begins, *ubi stimulus, ibi fluxus*.

Should there exist, by chance, in the organism, pathogenic germs, either latent or active, *e.g.*, the micro-organisms of the tuberculous, or cancerous, or rheumatic diatheses, they will rush on this new prey, and from that moment these microscopical despots will command the evolution of the morbid process, and cause it to deviate from the path traced out by the laws, that rule the normal course of phlegmasias.

If, on the other hand, the subject is absolutely sound, and void of the above mentioned dyscrasie, pleurisy shall then pursue its normal course. We shall have a simple acute inflammation of the pleura, "a frigore," free from all complications. This is the one I have in view in this present study.

By subjective and objective signs, attracting attention to the affected organ, we recognize the disease we have to deal with.

In every pleurisy, two things are to be considered. First, the inflammation proper of the serous membrane, and, secondly, the effusions which are the consequence of it.

When once the pleura has been irritated, it becomes the seat of an active hyperæmia; the subserous tissue impregnated with phlegmasie

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