

T H E

MONTREAL MEDICAL JOURNAL.

Vol. XXVII.

DECEMBER, 1898.

No. 12.

Original Communications.

PNEUMOTHORAX, ITS ETIOLOGY, SYMPTOMS AND SIGNS WITH A STUDY OF TWELVE CASES.

BY

W. F. HAMILTON, M.D.,

Demonstrator in Clinical Medicine, McGill University; Assistant Physician,
Royal Victoria Hospital.

The following cases, with but one exception, have been observed in the wards of the Royal Victoria Hospital, and form the sum total of such cases treated in that institution since its opening. I am greatly indebted to Drs. James Stewart and Bell for permission to study and report their cases.

CASE I.—H. M., male, aged 30, admitted May, 1897, re-admitted in August, again re-admitted Jan. 1898. He presented when first admitted marked pleural effusion of the left side. From the history given it was chronic and of undoubted tubercular origin. The onset was marked by severe pain in the side, with dyspnoea and, after several weeks, with an audible splash, first heard by the patient himself. Two years previous to this onset, his health had failed him somewhat, and he was the subject of cough with expectoration. The family history gave no evidence of tuberculosis. The patient never spat blood. The heart was much displaced to the right, the coin sound was absent and succussion was not made out. The amount of fluid present was so great that aspiration was urgently indicated and several ounces were withdrawn with considerable relief to the patient. After some weeks the splashing sound of which the patient previously complained returned.

The general condition of the patient was much improved for several months, and though the displaced heart returned partially to its normal position after aspiration it remained permanently to the right,