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ART. XXX.—CONTRIBUTIONS TO CLINICAL MEDICINE.

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Read at the Medico Chirurgical Society, 4th Dec., 1847.

*Idiopathic Pneumothorax, following diffuse Inflammation of the Arm—Death.*

The patient, D. S., accidentally received a punctured wound near the right wrist joint, by a chisel, on the 19th October, 1847; shortly after which, his arm began to swell, and became very painful. He was taken care of for about a week by a professional gentleman, when it was thought advisable to send him to the Montreal General Hospital on the 27th, where he was placed under the care of Dr. Campbell. His arm being very painful, and much swelled, it was freely scarified, and he had tepid saturnine lotions to it. He was ordered calomel, opium, and tartarized antimony, in repeated doses. He appeared to go on in a satisfactory manner, and became my patient on the 1st November. His arm, fore-arm, and hand, were then much swelled, the cutaneous surface slightly red, and the limb was so painful that he could scarcely bear to have it moved. The wound at the carpal extremity of the ulna, continued to discharge pus freely; there was considerable constitutional depression, his pulse rapid, small and weak, tongue foul, with some thirst. The tartarized antimony was now discontinued, and wine and quinine ordered. The tincture of iodine was painted over the arm.

On the 4th, he was reported to have been gradually and daily improving for the last three days until to-day, when he was suddenly seized with dyspnoea, which obliged him to have his head and shoulders elevated. The upper part of the chest was heaved up with some difficulty, the lower portion apparently being fixed, and bound down, the diaphragm and abdominal muscles acting strongly to aid the respiration. His countenance indicated great respiratory difficulty, and the bloated and purple colour showed that serious obstruction existed to the transmission of the blood through the lungs. There was a slight cough, but nothing of any consequence. The arm appeared rather better; the discharge continuing, and being laudable pus, pulse rapid and weak.

The stethoscope showed diminished respiratory mur-

mur of the right side, as if the murmur were distant while it was very distinct near the spine, this side giving a clear sound, on percussion, but nothing remarkable or beyond what is normal. The respiratory murmur loud and bronchial in the left lung generally, while percussion gave a dull sound. The patient, however, could not bear a very minute exploration; it was apprehended that a purulent metastasis had taken place. The clearness of sound on percussion, gave the idea of an emphysematous condition of a portion of the right lung, although the cough was not sufficiently severe to give rise to this state, or to account for any other recent lesion. It was merely the absence of dulness on percussion that attracted attention, and which could not satisfactorily be explained.

He was ordered mist. camphoræ ʒi., ammoniæ carbonat. gr. v., tinct. opii gr. xx., bis. Antimon. tartar. gr. 1-16, omne 3 ter. hora, a large blister to the chest. Next day his respiration was rather more laborious, and he had passed a bad night without sleep, face purple, pulse 90, profuse cold perspirations, respiratory murmur more indistinct in the right lung, the blistered surface preventing percussion, respiration in left lung loud and bronchial, impossible to examine minutely because of the fatigue and dyspnoea it induced. Ordered to continue the medicines, and to have the blistered surface dressed with mercurial ointment, and to have a blister put between the scapulæ.

6th. His breathing, although still laborious, was apparently easier, the lower portion of the chest motionless; his countenance more natural colour, voice better, pulse 100, pretty firm, and of tolerable volume; cold perspirations continue. He was reported to have had a better night, from an anodyne; the respiration in the left lung, accompanied by a sibilant rale, still bronchial. In the right lung it is very indistinct, except near the spine. He lay with his head and shoulders elevated. Directed to continue his medicines.

7th. He was reported to have passed an easier night, and to have had some sleep. His respiration appeared somewhat easier; his tongue parched, and covered with brown fur; some thirst, pulse 80, natural volume. Says he feels better. To continue.

10th. Since last report there was not much change.