

BRITISH AMERICAN MEDICAL & PHYSICAL JOURNAL.

Vol. VI.—No. 4.]

AUGUST, 1850.

[NEW SERIES.]

ART. XVIII.—*Contributions to Clinical Medicine*, by ROBT. L. MACDONNELL, M.D., *Licentiate of the King and Queen's College of Physicians, and of the Royal College of Surgeons, Ireland; Lecturer on Clinical Medicine, University of McGill College. Physician to the Montreal General Hospital, &c.*

The following case came under my notice nearly seven years ago, when practising in Dublin. The notes have been lying amongst my papers ever since, as I was anxious to collect other cases of the same rare form of pneumonia before laying the present one, in its imperfect state, before the profession. But, though my field for observation has been pretty extensive, and my attention has been much directed to the study of thoracic disease, I have not, since then, met with a similar case, and accordingly, I hesitate no longer in placing it on record, that it may possibly stimulate to inquiry, some more fortunate labourer in this interesting field of investigation.

No. 4.—*A rare form of Inflammation of the Lungs—Erysipelatous Pneumonia.*

Mr. M., aged 45, was subject to attacks of bronchitis for several years, but notwithstanding, enjoyed pretty good health, until November 1st, 1843, when he was attacked with severe dyspnoea, cough and oppression of the chest. He applied to his medical attendant, by whom he was actively treated.—I saw him in consultation on the 9th of Nov., and the following notes were taken at the bedside, and immediately after each subsequent visit—“Appears much agi-

tated; pulse 120, full and soft; respiration 45, laboured; alic nasi dilating, and muscles of forced inspiration acting with great vigour. The posterior part of the right side of the chest, from the scapula downwards, sounds dull upon percussion, and all over this part, there is a loud crepitating rale; over the posterior part of the left lung the respiration is loud; puerile, and free from rale; over the whole anterior part of the left lung, there is dulness and crepitus, whilst its posterior and lateral portions are clear on percussion and devoid of rale. The sputa present the usual prune-juice character of pneumonia. He has occasional rattling in the throat. Yesterday evening he was slightly delirious, but his intellect is quite clear to-day.

Nov. 10th. Tongue red and glazed, no thirst, fluid stools passed involuntarily, urine passed in good quantity, and without sediment. Lies on his back; pulse 100, weak but regular; cough not so troublesome, and rather looser; expectoration consists of thick mucus with traces of blood through it; respiration 45, but not so laboured; the dulness is greatly diminished over the posterior part of the right lung, and the respiratory murmur is much freer, and the crepitus is becoming looser and larger. Over the anterior part of the left lung, however, from the clavicle downwards, and laterally, from the axilla to the last rib, the sound on percussion is still dull, and there is a fine dry crepitus, obscuring almost completely the respiratory murmur. Yet the back of this lung, and the front of the right, are