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EMPYEMA AND DELAYED RESOLUTION IN LOBAR
PNEUMONIA.

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In every large series of lobar pneumonia we can count on having a certain number of instances of delayed resolution and empyema. How disturbing these are requires no emphasis. They worry the patient, but often much more the physician. Their early recognition means much to the patient, for if empyema be recognized early, operation offers the chance of almost certain recovery with good restoration of function, while delayed recognition and late operation increase the chance of a fatal result and almost ensure some permanent damage and deformity. In delayed resolution, a prompt recognition of the condition probably enables us to carry out a treatment which promises good results and lessens the danger of permanent injury to the lung.

With a view especially to a study of the physical signs and their bearing on early diagnosis a review of the cases in the Johns Hopkins Hospital was undertaken.¹ This impressed especially on the writer the variability of the physical signs in both of these conditions as will be shown later. To those of us who are teachers the question often arises as to how dogmatic our teaching should be. Shall we state exceptions to our students, knowing how prone they are to fasten on the exception and forget the rule? Some hold that if they are taught the rules they will learn the exceptions themselves. Certainly if they get hold of the exceptions first the rules are not apt to follow. Let anyone decide as to what he would regard on *a priori* grounds as the condition of the vocal fremitus in delayed resolution and empyema and compare the findings in this series.²

1 A more extended account will be found in The Johns Hopkins Hospital Reports, 1909, vol. XVIII.

2 The question of complications, etc., is not discussed here; special attention is given to the discussion of the physical signs.