THE

CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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☞ Business Management, - - J. E. BRYANT & Co., 64 Bay Street.

TORONTO, MAY 16, 1889.

Original Communications.

BACELLI'S SIGN.*

BY DR. PROVOST, OTTAWA.

It is generally easy enough to diagnose a pleuritic effusion. By careful examination, any one can readily detect the presence of such symptoms as bronchophony, bronchial respiration, dull sound on percussion, sometimes total absence of respiratory murmur and bulging of the thorax. But it is more difficult to find out the nature of the fluid contained in the pleural cavity. Still, it matters a great deal that we should be enabled to make a differential diagnosis of pleuritic effusions; we can easily understand what modifications the treatment as well as the prognosis will undergo, whether we have to deal with a serous or a purulent exudation.

A few years ago, the Italian physician, Bacelli, apprised the medical world of a new sign he had discovered, enabling us to affirm the purulent nature of a pleuritic exudation. All granted a hearty welcome to the good news, and "*pectoriloquie aphone*" soon ranked amongst the classical symptoms of empyema.

But what is this Sign of Bacelli?

It is a transmission of the whispered voice through the chest in pleuritic effusion that the Roman professor Bacelli has termed *pectoriloque aphone.*

According to this physician, a pleuritic effusion being given, pectoriloque aphone should always be heard, if the *fluid is serous.* On the other hand, should the fluid be at the outset, or become later purulent, then the pectoriloque aphone should be absent. In the first case, the phenomenon is audible, owing to the homogeneousness and thinness of the fluid through which the voice waves are easily propagated, and in the latter case, the fluid being excessively heterogeneous, and containing leucocytes in abundance, besides layers of membrane, flocculi and blood-discs, the whispered sonorous waves can no longer be heard.

When once I became aware of the facts brought out by Bacelli, I naturally made up my mind to verify personally their accuracy, and I must say that in every case indeed I could easily ascertain the presence of Bacelli's sign in patients suffering from pleuritic effusions. Always the whispered voice could be heard with the greatest distinctness.

But, one day I was called to attend S. L., aged 40 years, who had been complaining for two or three weeks with a stitch in the side, dry cough, and dyspnœa. I carefully examined the chest, and at once found, on the right side, a well pronounced bulging of the thorax with dullness on the percussion, "*tanguam percum femoris.*" No doubt there was considerable effusion in the pleura. I listened to his respiration; nothing to be heard! complete absence of respiratory murmur. I ordered him to whisper; silence all over! Consequently, absence of Bacelli's sign, no pectoriloque aphone. Was

*(Pectoriloque Aphone as a Diagnostic Sign in Pleural Effusion.) Read before the Rideau and Bathurst Medical Association.