Report of ten cases of pleuritic effusion with aspiration of the chest / by F. Peyre Porcher. Fourth series., With a case of injection of carbolized iodine into a lung cavity.

REPORT OF TEN CASES OF PLEURITIC EFFUSION WITH ASPIRATION OF THE CHEST—FOURTH SERIES—WITH A CASE OF INJECTION OF CARBOLIZED IODINE INTO A LUNG CAVITY.

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This series extends the record to fifty-four cases. It may be significant that it should fall to the lot of one physician to encounter so many cases; but if this be only a fatality, it is very curious, for they occurred, for the most part, in an annual service of only four months, and in only one division of a hospital of no great capacity. They are published to illustrate a problem, and incite to reflection; for if it be not a fatality, and the same proportion fell to all those occupying a like position, as well as to others throughout the length and breadth of the land, then our estimate of the frequency of such cases must be enormously increased, and they must almost rival the sands of the seashore in multitude. If they do exist in such numbers, but unhappily are not recognized, and if paracentesis is frequently essential to the relief of the dyspnœa, pain and compression of the lungs, or is resorted to merely to prolong life, what must be the sufferings of the people without it? Some lines by a Latin poet are recalled, which, if the above surmises can by any possibility be correct, we suggest as a suitable inscription to be placed over the portals of hospitals:

* * * *crudelis,*
Ubique luctus, ubique pavor,
Et plurima mortis imago!

The hospital cases are for the most part derived from the records furnished by the house physicians—Drs. Buchanan, Howe, Hill and Carn—but very much curtailed and condensed in their recital here. Of these, Dr. Carn reported seven.

Case I.—Jno. McCoy, colored, æt. 26, admitted October 2d, 1887. Paracentesis of the right cavity was made "a little anterior to the anterior fold of the axilla." In this case there was chronic pleuritis with thickening of the lung tissue, friction fremitus, spitting of blood, diarrhœa and emaciation. The right infra-clavicular region was dull and sunken. The collection of fluid was isolated, of limited amount, and collected in pockets, and which was removed on two separate occasions—after some difficulty in finding the exact location of the fluid.

The relief was partial. At the autopsy the right lung was carnified, with adherent pleuræ; and death, which was inevitable, occurred from perforation of the intestines from extensive tubercular disease.

Case II.—Geo. Jenkins, colored, æt. 25, had been in the hospital for some months for a lacerated wound of the thigh which had healed. He did not seem to gain strength, and had what was thought to be hectic fever.

Being transferred to the medical wards, it was ascertained that the left cavity of the chest was filled with fluid. The dyspnœa becoming excessive; on December 10th, a pint of serum was aspirated "with the happiest results," the dyspnœa being relieved. The patient was subsequently transferred.

Case III.—L. Clinton, colored, æt. 65, admitted August 11th, an insane patient employed as a laborer, but admitted to medical wards as he suffered from dropsy, commencing in the lower extremities and extending upwards. He was addicted to taking caustic potash slightly diluted, which he persisted in up to the time the swelling appeared, which was ascribed to the effects of the caustic upon the kidneys. Large quantities of serum were drained from the scrotum by repeated puncture with needles.

The right chest was aspirated by Dr. Porcher, and about 80 ounces of serum removed. This was repeated September 17th with the withdrawal of 64 ounces.

The effects of calomel, squills, jaborandi and supertartrate of potash were tested.

Death occurred September 25th. The autopsy revealed the existence of general anasarca, hydrothorax, an enormously hypertrophied heart with the aorta dilated, and concretions upon its valves. The kidneys were contracted, filled with cicatrices and covered with numerous small cysts "supposed to be due to the long and continued use of concentrated lye," which, by the report of the house physician, had been kept up for years.

Case IV.—Jas. Pleasant, colored, æt. 21, admitted July 19th, with a diagnosis of tuberculosis and pleuritic effusion. Dr. Porcher aspirated a small amount of serum from the right pleural cavity and the patient seemed to improve after taking cod liver oil, etc. He left the hospital without permission, and was lost sight of.

Case V.—S. Cash, colored, æt. 27, admitted July 8th. Right pleural cavity filled with serum. A small quantity was removed July 19th by the hypodermic needle with the view of promoting absorption. He was also given iodide of potash. His condition as reported by the house physician (Dr. Carn) was very favorable—when he escaped from the hospital to avoid a return to the prison from which he had been removed.

Case VI.—E. Gardner, colored, female, æt. 19, admitted July 4th, with a diagnosis of continued fever; but a careful exami-

nation revealed a broncho-pneumonia with pleuritic effusion on left side. A small quantity of serum was removed with the hypodermic syringe, and she was given quinine in small doses.

"Four days after operating," as reporetd by the house physician, Dr. Carn, "the portion of lung which had been discovered to be dull, became perfectly resonant; the patient recovered from febrile symptoms and was discharged some days later in perfect health."

This supports the experience of myself and others, that in fair cases the removal of small quantities of fluid is often highly beneficial in promoting absorption.

Case VII.—W. M. Bradford, white, æt. 40, admitted Nov. 8th, on a permit of chronic hepatitis. His lower extremities were swollen and there was great dyspnœa, so that he could not sleep in the recumbent posture, but there was no albumen in the urine. A variable murmur was heard in the mitral region, though the pulse was characteristic of aortic regurgitation. "Dr. Porcher, after careful examination, decided that there was enlargement of the liver, with pleuritic effusion." Two pints of straw-colored fluid were drawn from the right pleural cavity, which gave great relief, the patient afterwards passing from the care of the house physician who reported the case.

Case VIII.—M. Gargat, Frenchman, æt. 49, readmitted May 29th, 1887, had been for many months previously in the hospital, suffering from excessive dyspnœa, "with a diagnosis of mitral obstruction and aortic regurgitation." For months he could not lie in bed, but was always propped in a chair, and he presented an extraordinary example of prolonged pain and suffering.

Dr. Porcher examined the patient, but the heart sounds were so masked, tumultuous and irregular, with persistent weakness of pulse, but with very little albumen in the urine, that it was impossible to verify the above diagnosis. He decided, however, from the bulging of the intercostal spaces, the extensive dulness, etc., that pleuritic effusion also existed. A portion of the irregularity and weakness of the heart murmurs was ascribed to the inhibitory influence of the extensive effusions, "and for the first time (July 5th) the operation of paracentesis thoracis, with Fitch's dome trocar, was performed on the left side below the angle of the scapula, and 24 ounces of fluid were removed, with so much benefit that he was discharged" He could walk about freely and lie down with comfort.

He was re-admitted October 6th, with a bilious attack—the old troubles having also returned; there was loss of appetite, excessive dyspnœa, inability to lie down, great pain over the heart, and swelling of the lower extremities. In this distressing condition, and after exhausting all the usual resources, it became necessary to resort again to the aspiration. Three pints of fluid were taken from the right cavity, which gave relief for

some weeks, when death became inevitable. The tinctures of digitalis and strophanthus, and nitrite of amyl were used concurrently at intervals.

Autopsy.—At the autopsy, which was performed with great care, pericardial adhesions existed, and both pleural cavities were found still to contain a large amount of fluid; both lungs were consolidated by the pressure of the fluid—with very little in the pericardial sac. The right heart was greatly dilated, and there was apparent insufficiency of the tricupsid consequent thereto. Hypertrophy slight. The mitral valves were diseased and vegetations encrusted the aortic valves, which were hard and almost calcified. It was interesting to observe the excessive dilatation of the pulmonary artery, which resembled the aorta in size. Its valves were perfect.

Case IX.—J. M., white, aged 22. This case of excessive empyema of the thorax, I was invited to see with a friend, whom I assisted in aspirating the chest, with partial success. The purulent accumulation was so excessive that it forced a passage through the intercostal spaces, infiltrating the chest walls, and the patient may almost be said to have been deluged with pus. Under supportive and other measures he survived for some weeks.

Case X.—This occurred in a white youth, æt. 16, under my care in this city. The right cavity was found to be almost filled with fluid. A small quantity being aspirated, by the irritability set up, aided by iodide of potash, muriate of ammonia and diuretics, absorption was slowly produced.

Case XI.—S. Fisher, colored, æt. 18, admitted July 25. Diagnosis: tuberculosis and pleuritic effusion in both cavities! This was an example very rare, we may be allowed to say, of complete failure in diagnosis; but it is recorded to show how this may occur. No fluid was found upon two aspirations, but the use of the needle was followed by no ill effects. The error was owing to the fact that the lungs were in a state of cancerous degeneration, due to tubercuiosis; there was complete dulness and every sign of the existence of fluid. So conclusive did they appear that it was the first case that a preliminary use was not made of the hypodermic needle to test for the presence of fluid.

Case XII.—Injection Into a Lung Cavity:—This case was interesting as it at least demonstrated that very slight disturbance, either local or general, may result from such a procedure. M. White, colored, æt. 35, admitted July 10th, suffered from a phthisical abscess in the left lung, with cough, purulent expectoration, night sweat, and other symptoms of well-marked pulmonary disease.

The cavity was single and so extensive and well defined as to render it extremely suitable for this form of treatment.

The formula* recommended by Dr. Blake White, of New York, was employed—using also his needle attached to a hypodermic syringe filled with the fluid. This was injected into the left lung about two inches below the clavicle, and the same distance from the left border of the sternum. When the point of the needle passed in and touched the posterior wall of the cavity the resistance was easily felt, and we could be certain of the success of the operation.

With the exception of some cough, there was so little irritation, pain or uneasiness produced, that the patient was not deterred from going almost immediately to a meal. Nearly every disagreeable symptom was relieved and the cough greatly diminished. The operation was repeated after six weeks, but did not arrest the final advance of the disease, though the patient survived several months.

A similar case is reported with a previous series.

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*℞. Atropia ..... gr. ⅓.
Morpia Sulph ..... gr. iv.
Tinct Iodine ..... ʒ iii.
Acid. Carbolic, (pure) ..... gtt. xx.
Glycerine ..... ʒ ss.
Dil. Alcohol, 20 to 30 ℘ ct ..... ʒ ss.
M. Sig.—15 to 30 minims.