

**THE TREATMENT OF
PLEURISY
AND PNEUMONIA**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649032020

The Treatment of Pleurisy and Pneumonia by G. M. Garland

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Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

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G. M. GARLAND

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PLEURISY
AND PNEUMONIA**

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THE TREATMENT

—OF—

PLEURISY AND PNEUMONIA.

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BY

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1888.

GEORGE S. DAVIS,
DETROIT, MICH.

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PREFACE.

The ninth decade of this century will long be remembered in the annals of medical literature as the epoch of great progress in the study of microphytic diseases. Aroused by Koch's brilliant demonstration of the tubercle bacillus the search for pathological bacteria has been pushed with earnest zeal and with marvelous results. The fascination of the hunt is here combined with the satisfaction which accompanies accurately defined results and scientific demonstrations. This brochure, so far as it pertains to pneumonia, is designed to give a brief summary of the present status of the pneumonia question, without any argument for or against the theories described. Occasional reference only is made to certain points which have not yet been satisfactorily tested. In regard to pleurisy, it is encouraging to note the general consensus of opinion as to its treatment.

227 Newbury St., Boston, {
February, 1888. }



PLEURISY.

Definition.—An inflammation of the pleural membrane, accompanied by an exudation into the pleural cavity.

Pleurisy presents the most kaleidoscopic combination of symptoms and holds high rank among the diseases which frequently escape detection. This fact is surprising when one considers the almost mathematical precision of the diagnosis of pleurisy when once its presence is suspected. The lack of suspicion, however, is the fatal deficiency in many an examination and a patient may walk miles, carrying a child in her arms and climb the long stairs of a hospital to find a Trousseau who, catching the peculiar movements of the chest, demonstrates one pleural cavity full of fluid. Such cases prove the insidiousness of the development of this disease in many instances, and account for its escaping observation. On the other hand pleurisy is particularly prone to associate itself with a group of diseases, which conceal it behind their symptoms until accident or a systematic investigation reveals its presence.

It is not my purpose, however, to treat at length of the differential diagnosis of pleurisy, and I shall therefore only consider, as occasion requires, such symptoms as have a direct bearing upon treatment.

I have defined pleurisy as an inflammation of the pleural membranes associated with exudation, and it

may be produced by any provocation, from a blow on the chest, to the deposition of tubercles, or the presence in the system of the irritating agents which accompany Bright's disease, pyæmia and pneumonia. The inflammation may be situated on any portion of the pleural membrane from summit to base, and may vary in its area from a surface the size of a silver dollar, to the entire lining of the cavity. No attempt is made to classify this disease according to its locality. While it is true that pleurisy at the apex of the chest is more frequently dry than at the base, yet the terms of locality are added to the diagnosis simply to define position and not quality. A partial exception to this statement may be made in favor of effusions which are encapsulated, in which cases the definition pleurisy with circumscribed effusion is employed. The first general division is drawn between dry pleurisy and pleurisy with effusion.

Dry pleurisy, is accompanied by an exudation which is of a plastic, adhesive character, and may accumulate until veritable membranes are formed, and may eventuate in obliteration of the pleural cavity.

Pleurisy with effusion is further classified according to the character of the fluid, which may be serous, hemorrhagic, or purulent, and may contain flocculi of fibrine, shreds of necrosed tissue, cancer cells, tubercle bacteria, blood clots, or foreign bodies. With serous effusion the fluid may be so thin as to remain