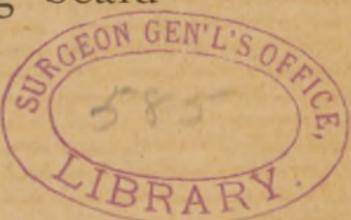


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Report of Three Cases of Phthisis
Pulmonalis Following Scald
of the Chest.



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presented by the author

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REPORT OF THREE CASES OF PHTHISIS
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IN the past three years I have treated three cases of pulmonary consumption in which the trouble originated upon that side of the chest which had in infancy been severely scalded, as evidenced in each case by an extensive cicatrix. In each instance there was contraction of the side of the chest upon which the scar was found. It seems reasonable to suppose that this contraction, by interfering with the normal lung movements, may have at least determined the development of the disease upon this side of the chest, and possibly when, without this element of danger, the patient might have successfully resisted the exposure to tuberculosis.

CASE I.—A. B—, twenty-four years of age, printer, single, a dispensary patient. He had worked in a Chicago printing-office, but in the spring of 1893, developing cough and loss of weight, he consulted a physician, who told him that he had consumption and advised a change of residence to Colorado. I treated him during the summer and fall of that year, and reported his case in the December number of the *Colorado Climatologist* of 1894 as one of arrested phthisis, not mentioning the fact that he had marked contraction of the right chest as a result of a scald in infancy. I did not at that time fully realize the possible connection with his chest disease. When I first saw him

he presented dulness, bronchial respiration, and abundant fine râles over the right chest above the fourth rib, front and back. By December he had regained eighteen pounds of his lost weight, thus bringing it up to the normal, while cough and all other symptoms had disappeared. The dulness and bronchial respiration, of course, remained in his right chest. He insisted on returning to Chicago, but came back in three months, worse off than when first seen. He was gradually regaining the lost ground when I lost sight of him.

CASE II.—L. G—, American, machinist, single, from New York. His mother's brother died of phthisis and a younger brother has now some serious chest disease, apparently of the same nature. When two years of age the patient was severely scalded over the left chest, an extensive cicatrix and some contraction of the side remaining. He states that he had a pleurisy eighteen months ago, but apparently, from his story, without effusion. During the past few months he has fallen in weight from one hundred and fifty pounds to one hundred and thirty-two, and has developed cough, night sweats, expectoration, and dyspnœa upon exertion. He has marked dulness and bronchophony in the upper half of the left chest, and abundant moist râles in the region of the second rib. Similar signs, but much less marked, are found over the remainder of the left lung, and respiration is much diminished. The heart is displaced one inch and a half to the left, and its area of dulness increased by the retraction of the left lung. The patient has resided upon a ranch here for the past five months, and, although he has gained sixteen pounds, still coughs considerably and has nearly as much expectoration as upon arrival. The only change in the chest signs consists in a lessened abundance of the moist râles.

CASE III.—S. T—, forty-one years of age, dentist, married, American, recently from Connecticut. He

states that his family was considered scrofulous, but there have been no cases of consumption to his knowledge. He nearly lost his life when two years of age from a scald of the right chest, caused by his pulling a vessel of hot water over on to himself. A large and markedly roughened and contracted cicatrix remains over the second, third, and fourth ribs, with moderate contraction of the chest upon this side. He has been failing for three or four years, and has complained for some two years of cough, expectoration, dyspnea, loss of weight, and debility, not materially benefited by his residence for the past eleven months in Colorado. There are dulness, bronchophony, and abundant moist râles above the fourth rib, front and back, upon the right side, and very slight dulness with a few moist râles over the left chest near the sternal end of the clavicle. There seems to be no reason to doubt that the trouble originated upon the side where it is now so extensive. His urine has a specific gravity of 1.024, one-fifth by volume of albumin by the heat test, and abundant granular and fatty casts and fatty epithelial cells. He is gradually failing.

The report of these cases must enforce, I believe, the fact, long recognized, that it is the lung which is prevented from expanding to the fullest extent which offers a harbor to the bacillus tuberculosis. It is imperative, in my opinion, in the treatment of scalds of the chest involving contraction, if we would avoid the grave danger of phthisis, to adopt the same precautions as regards diet, exercise, residence, occupation, and all other factors entering into the etiology of phthisis, that we now do in the treatment of other conditions involving limitation of expansion of the lung. In view of the long interval in each case between the receipt of the scald and the development of the disease, it seems scarcely possible that any other factor than the contraction, so markedly developed after injuries of this nature, could have been operative.

