ART. III.—Some Cases observed at the Fever Hospital, Cork-street, in March last, during the Prevalence of Influenza. By Thomas Brady, M.D., one of the temporary Physicians to the Hospital.

[Read at the Association of Physicians, May 3rd.]

DOUBLE DIAPHRAGMATIC PLEURISY, LATENT.

There are few circumstances connected with the history of diseased action more remarkable than the obscure, or, as it is called, latent manner in which at times it runs its course. Indeed pain, or some other obvious functional derangement, is so usual, and seems so natural a result of disease, that were it not for the aid of pathological anatomy, we would be led to conclude it was an invariable one. But every physician is now familiar with the fact, that in the examination of the body after death, we occasionally find the effects of disease, the existence of which was not revealed by a single symptom during life. Of the diseases that occur in this latent form, there are some that almost always pass through part at least of their course without producing any very obvious functional disturbance, and whose latency, probably for this reason, excites less surprise; whereas there are others which are as usually characterized by acute pain, and other well-marked symptoms, both local and constitutional, and yet occasionally run through all their stages, produce extensive organic changes, and even death, without pain or any of their usual symptoms. The following is a striking instance of this class:

A man of the name of Walsh, about 30 years of age, strongly formed, and naturally very robust, but whose health had been greatly impaired by intemperance, was admitted into hospital on the 23rd of January, for a feverish attack which had supervened on general dropsy, (anasarca, ascites). The febrile symptoms yielded in a few days to antiphlogistic measures, and under the influence of mercury the dropsical effusions also rapidly disap-
peared; his appetite returned, he was put on full diet, and was supposed to be proceeding favourably to convalescence. On the 1st March, when I saw him for the first time on taking charge of the ward in which he lay, he had been for three weeks on full diet including porter, had taken no medicine for a fortnight, had no cough, slept well, and lay with ease on either side, and, in short, appeared to be regaining as good a state of health as could be expected in such a constitution, profoundly altered as it obviously was by his habits of intemperance; it was indeed at this time plain, that the liver was enormously enlarged. In the course of the next day, however, a change suddenly occurred without any obvious cause, except that he had exposed himself to cold; he at first complained of weakness, lassitude, and general uneasiness, which was soon followed by a feeling of sinking or approaching dissolution; these symptoms continued to increase, and the following morning he was in a state of complete prostration, and evidently dying. He died during this day, March 3rd, having complained of nothing from the time of this change but weakness and a feeling of sinking.

Dr. Jackson, under whose care he was when he came into hospital, assisted me in the examination of the body.

In the abdomen we found the enormous liver I exhibited at the last meeting of the Association. It is a remarkable specimen of the large yellow liver of the drunkard, in which the enlargement of the organ is general and uniform throughout, its structure much more dense and resisting than natural, and its colour pale yellow.* The other abdominal viscera were healthy; there was no fluid in this cavity.

In the chest, however, pleuritic effusion existed at both sides. The left contained a pint of purulent fluid, with numerous particles of albuminous matter floating in it. The pleura

* This degeneration of the organ is, I believe, only seen in persons of intemperate habits who die young, and is probably an early stage of the more usual, small shrunken, indurated and deformed liver of the whiskey drinker.