

do much by their knowledge to maintain hope and confidence. The present condition of His Majesty can be best understood by recalling earlier stages of this severe illness. In the first phase, gradual in its onset, there were to be noted general infection with imperfect localisation; little or no cough and only one small patch of pleuritic friction; blood culture positive (streptococcus), and an irritative state of the nervous system which produced profound distress and sense of illness. Yet with these was a wish, born of quiet courage and the habit of duty, to make light of the illness and hold on to work, thus adding to the wear and tear of the fever. Towards the end of this first phase came an accentuation of pleuritic friction which extended to the diaphragm. The second phase was one of increasing toxæmia, with dusky appearance, dry cracked tongue, periods of delirium, exhaustion—in short, a clinical picture resembling that of a case of severe typhoid fever in the third and fourth week, but with the added anxiety of attacks of dyspnoea and cyanosis, due to strain on the heart. With the next phase came an abatement of fever and some evidence of localisation. The blood culture was now negative, toxæmia was less, delirium was subsiding. The localisation in the right lung did not result at this stage in effusion as shown by puncture and excellent radiographs. A few days later, however, the temperature rose rather abruptly to a higher level, and on Dec. 12th there was evidence at the extreme right base of an effusion which had commenced between the lung and the diaphragm. Drainage by means of rib resection was performed on the same day under general anaesthesia (gas, oxygen, ether). The predominant organism in the empyema has now been established to be identical with the streptococcus found in the blood. Though the infective process has become gradually localised, its severity, coupled with the lowered vitality resulting from the length of the illness, must make the progress of healing difficult and tedious. Local sloughing, however, is less pronounced to-day and tissue reaction apparent. To stimulate vitality of tissues a brief general exposure to ultra-violet rays from a mercury lamp has been made each day since Dec. 15th. The effect of

these exposures is being checked by leucocyte counts and estimation of the bactericidal power of the patient's blood. There is reason to think that this employment of the ultra-violet rays has in combination with the treatment mentioned in previous statements been beneficial.

It is hoped that the foregoing account will help towards an understanding of the future course of the illness. It will be apparent to medical men that not only the severity and length of the infection but the exhaustion resulting therefrom must make progress slow and difficult. At the same time dangerous phases of the illness have been surmounted and there are increasingly solid grounds for hoping that recovery will result from this long and anxious struggle.

The latest communication from the King's medical attendants to the medical Press states that—

For true understanding of the position it must be emphasized that neither in its inception nor in its subsequent course has this illness conformed to what is called "Pleuro-pneumonia"; rather was it a Streptococcal septicæmia, which by fortunate happening localized at the base of the right lung, first imperfectly and later as an empyema ("fixation abscess") forming between the base of the lung and the diaphragm.

In the second phase of the illness (*vide* report December 22), the clinical picture (dusky appearance, dry cracked tongue, delirium,

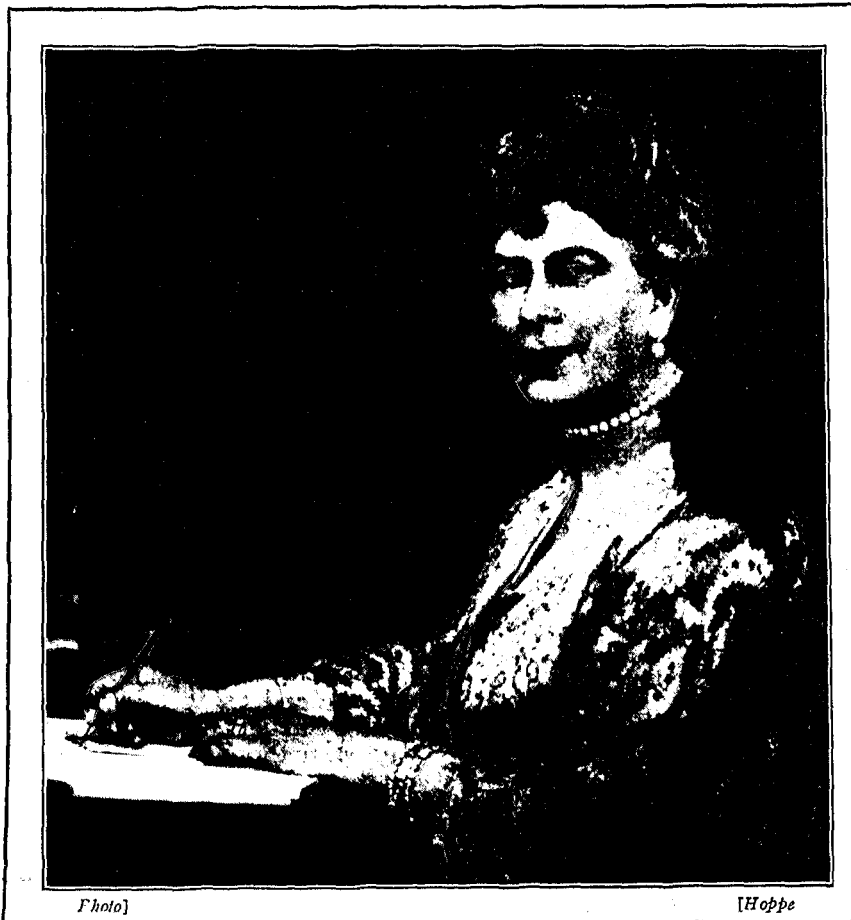
subsultus, exhaustion) was that of a severe toxæmia and resembling that of a case of severe typhoid fever in the third or fourth week.

So now the picture is that of the aftermath of a severe general infection.

The empyema wound is now clean and steadily diminishing in size, the discharge from the pleural cavity is small in amount, and the streptococcus grown from the pus (identical with that originally found in the blood) is diminishing in potency.

The disinclination for food and the dryness of the tongue, the low blood pressure, the weakness and wasting, the notable exhaustion, though slowly improving, will for long be an anxious problem.

It will be readily understood that while this exhaustion state is pronounced, the margin of reserve power must be



HER MAJESTY QUEEN MARY, COUNCILLOR OF STATE,
AT HER DESK.

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