

10.XII.19. Had a good sleep last night and coughed only six times. Had a fairly good morning and read the papers. Sir Thomas Horder wired to Lady O. that he was pleased with Gibson's report and said "what are your observations?" Sir Wm. wrote some for himself. I examined him for 1st time for nearly a week. Certainly thought I got area of incr. breath sounds about level of lower part at u.l. behind and rapid ch. to v. much dim. br. snds and pract. loss of tact. frem. and flatness. A patch of marked friction about poster. axill. line at this level. They say (C. and G.) that they never heard the br. sounds at this level come so well through dull area. Here are W.O.'s observations (just brought down from upstairs) " 1. The infection is still strongly entrenched, and the irritative cough seems only to be kept in check by the morphia. 2. The heart has done well, but such bouts could only have one ending. 3. Whether or not the fluid had increased is doubtful - the flat note seems to me higher. 4. Very comfortable until about 7 p.m. when the flushed feelings begin and sense of discomfort and great heat without rise of temperature. Sometimes with this a feeling of nausea and retching." W.O.

In afternoons he prepares for a rise of temperature and flushed feeling. Coughed a lot all p.m.; little sputum, temp. went up to 100'. Very depressed and said to me "Archie, you know that there are about a dozen books which will be in the catalogue but are to go to libraries over here; there is a list of them here" and he pointed to his little bed-table.

11.XII.19. He has had a better day. He had aspirin grs. x about 4.30 p.m. and whether on account of this or not, had no rise in temp. and none of that toxic feeling. I read Walter Pater and Andrew Lang to him in the evening. He did not cough quite so much. V. pleased that more anaesthesia papers have come (Bost. Med. & Surg. Jr. for 1896. Trying to get them for years. He had me write in it "All things come to them who wait, but it was a pretty close shave this time!"

12.XII.19. Early in the a.m. his temp. rose to 102', but he slept right through almost (morphia only once ad less than $\frac{1}{2}$ gr.) till 10 a.m. There is a lot of dullness at rt. base and even high up in axilla - t.f. pract. gone behind, some frict. and harsh breath above (alone?). I want them to go in with a needle again. A few sharp crackles (fine) at l. base. Again no fever in the afternoon. Is very fond of Pater and we had more of him in the evening. Thinks he has had a better day but "my sensurium is dulled and I am not properly orientiert".

13.XII.19. Sir Thomas Horder motored down from town in the evening and examined W.O. and was quite pleased with him. He is a little thinner H. thought, but that is to be expected after the fever - but is less "inflammatory" as he put it to Lady Osler. He saw W.O. in one of his flushes - when he felt a little nauseated. He thinks it may be due to the morphia.

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14.XII.19. About 9.45 H. drew off about a pint of clearer fluid (no Pfeiffer's on direct smear, but a few polys). W.O. had a comfortable day after it - sleeping quietly and did not cough and bring up so much. I read Pater and Sir Thomas Browne to him in the evening.

15.XII.19. Had a good night, but T. still rises to about 100' at 7-8 in the a.m. Slept for a long time and all the noon to 3 p.m. A very quiet day free from cough. Read to him till 11.45. Trying to go to sleep on paregoric alone - to have $\frac{1}{4}$ if necessary later on.

16.XII.19. Is getting less morphia at night, $\frac{1}{4}$ at first and then an one-eighth later on. Temp. rose to 102' about 7 or 8 this a.m. Complains of flushings. I think is bringing up a little more sputum again. No odour to sputum.

17.XII.19. Still rise of temp. in a.m. Complains of some uncomfortable feelings about his heart and flushings. Is down to-day and v. distressed at death of Dr. Cannan of the Delegates to the Clarendon Press. Has me read Walter Pater to him at night and Matthew Arnold On Translating Homer. He sweats a bit each day - no chill. W.B.c's 29,000.

18.XII.19. No fever early this morning - but is down and certainly looks thinner. Temp. at about 11 a.m. went up to 99.8'. When he was flushed, however, about noon, it was 98.2'. Had a rather hard afternoon as Bob Emmons went up to see him and that always makes him sad, to think of Revere etc. I listened to him (back) this a.m. No signs definite, but think we should go into rt pleura closer to sp. col. and level of upper 3rd of rt. l.l. - fancy different noise sounds here (though dulness everywhere) and incr. br. snds immed. adj. to this on l. side - across sp. column. Sir Wm. Hale White called and saw him for a little while. I told Collier and Gibson that I do not think temp. due merely to trouble in lung - though sputum shows there is still trouble enough there - and that we should do exploratory punctures and try to find a pocket of pus.

19.XII.19. Has had a little more comfortable day and has not had so much of "fuzzy-wuzzy" feeling. I spoke out again and said I thought we must go in. Gibson has asked Horder to come down. Had $\frac{1}{2}$ last night and slept much better.

20.XII.19. Again quite a good night with a $\frac{1}{2}$. Morphia does not prevent him bringing up the night's collection after he awakes. Hardly had the flushed feeling all afternoon., and I read "Red Dog" and "The King's Ankus" (Jungle Books) ~~all-afternoon~~ and also some of Marius, the Epicurean. Heard that "Lapland" with Bill and Mrs. Chapin on board is to arrive at Plymouth on Sunday night.

21.XII.19. A good sleep last night. Sir Thomas Horder came down about noon. He went over Sir Wm; Gibson was here too. He found friction over base but air entering more freely. Found higher in rt. l.l. and close to sp. col. some bronchophony and opp. this on rt. side (close to sp. col.) ^{increased breath sounds} incr. br. snds. He said he must go in with a long needle, and after lunch under novocain went in near same place as before, viiiith (?) interspace, got fluid with some flakes (about 3-4 ozs.) then pushing in farther upwards and towards spinal column got a few cc. very turbid brownish pus with a very foul odour. Then went in about 3 in. to middle line of this and got bloody fluid - pushing

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farther got into collapsed lung. As I held him and he coughed I again got bad odour. We then talked it over in the bathroom and decided that of course an operation was necessary and it should be done to-morrow. W.O. was shown the pus - he was pleased it was found and said that the paroxysms of coughing continued even without rise of temp. nearly always means trouble in the pleura. "Strange," he said, "that I did not have chills". Later he said to me "I wish they had got off ten ounces". He had a fairly quiet afternoon. After dinner he appeared a little restless and complained a little of his heart. The pulse was 120 and R. 36 and later the night Sister found his temp. was 100.4'. Late in the afternoon the sputum was tinged with blood. He said he did not feel so well. "Well, it is good to have gone so long with so little wrong with me". I said "oh, it will go all right" and he "I feel as Franklin said 'I'm gone so far across the river - it is too far to go back and have it all over again'. Did you ever read Franklin's life - it's a wonderful book! It's a rough night" thinking of Bill at Plymouth. "Bill will see a great change in me". He said to Lady Osler "Think of an operation for empyema at 70" and he smiled.

22.XII.19. Mrs Chapin and Bill arrived from London a little after 10. W.O. was glad to see them. Sir Charles Gordon Watson and the anaesthetist Mr. Cross came down at 11.15. Chiefly Lady O., but we all, arranged her room for operation and it was heated up above 70' F. W.O. looked very bad as he was wheeled in. P. improved under the anaesthetic CHCL & Oz. Gordon Watson exposed 7th rib mesial to scapula and removed about 4" of it then with needle the pleura bad odour was obtained. Pleura opened, and about 10-12 c.c. (??) blood stained stinking fluid came out. Cavity shaped (diag.) and extended towards mid-line (sp. column) up and down and towards axilla - no soft spot found in lung. Rubber tissue gauze with wick were put in and also empyema tube. Mr. Parker assisted and I sponged and handed instruments too. Dr. Gibson also there holding arm, and Dr. Collier looking on, Sisters Edwards and Scott (Schott?) Over just after one p.m. He came round slowly and was hardly sick at all and soon began to take whisky and water. T. fell to sub-normal. Pulse rapid 120 and small. I suggested rectal salines.

23.XII.19. Slept quite well, $\frac{1}{4}$ morph. Dressed by Mr. P. at 11 a.m. quite a lot of oozing - big tube came out - not reinserted. A pretty quiet afternoon. T. still subnormal and P. down to 108 and of little volume. Had "fuzzy" attack 6 p.m. and T. rose to normal depressed him and he felt pocket had not been found. I reassured him that we got pocket. Scotch Sister - Miss MacLaws from Perth - very good.

24.XII.19... Really had a quiet night with a V.4. A dressing down below level of incision. An ounce stinking fluid released. Much disturbed by dressing and for some time afterwards seemed shocked. Pulse at 6 p.m. 96 and stronger. Glad he is to have $\frac{1}{2}$ pint saline per rectum q.p.h. Has not been getting enough fluids. As I sat beside him, he shifted the clothes with his hands, and I asked "do you want to put them inside" and he said "no, I want to go out o-u-t out". Not a marked flushed feeling in evening, only a little.