

and the patient has remained well ever since. If there is much lung tissue to pass through in reaching the cavity a thermocautery enables one to enter with comparatively little loss of blood. An incision, however, may be made if good access has been obtained previously, and any bleeding points caught and ligatured.

In three of Körte's cases, sudden death occurred after operation from arrest of breathing with collapse. The first patient, who had had several hemorrhages, was operated upon under local anesthesia, morphia and local infiltration with eucaïne; a large gangrenous cavity was opened on the left side behind; the pleural layers were adherent. The patient did not suffer from any great pain and the bleeding was insignificant. The pulse was good and the operation was in every way successful. While the bandages were being applied and the patient in a partially elevated position, the breathing suddenly ceased, the pulse became bad and the patient died at once. The autopsy of Prof. Benda showed no good reason for the sudden death. The second case was being operated upon for the second time three months after the first operation. While the fistula was being enlarged under morphia and eucaïne infiltration, a few drops of chloroform having been given towards the end, breathing suddenly stopped, the pulse became bad and the man died. The autopsy of Prof. Benda showed many bronchiectatic cavities in the left lower lobe, but no reason for the sudden death. The third was that of a man 52 years of age. The sixth and seventh ribs on the right side were resected under chloroform anesthesia, the adherent pleural layers were excised and the bronchiectatic cavity opened. After the operation, just as the patient was being put to bed, breathing stopped, the pulse ceased. Artificial means, tracheotomy, inflation of lungs, venesection and saline infusion into the median vein restored breathing temporarily, but three hours later he died. Körte thinks the only explanation of these sudden deaths is through the reflex action of the pneumogastric nerves. He does not seem to think that the method of narcosis contributed in any way.

The after treatment consists in providing free drainage and easy emptying of the cavity. This is generally accomplished by the insertion of a soft rubber tube. At the time of the operation the cavity may be wiped out with gauze swabs, and sometimes a considerable mass of gangrenous tissue and shreds are wiped away in this way without causing hemorrhage. Later, during the period of granulation, healing may be promoted by packing with gauze, and by using tincture of iodine, nitrate of silver or balsam of Peru.