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# Original Communications.

## EMPYEMA.

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### CASE I.

1879, Oct. 9th. J. S., aged 9 years, male-Patient was brought to my office from the country to day, with the following history: Five months ago had an attack of illness, accompanied with fever and pain in left side. After a few weeks got somewhat better, and was able to go out of doors as usual. About two months ago had a renewal of attacks, and this was accompanied with, and followed by a chilly feeling every afternoon. The latter has continued up to the present time. For the last six or seven weeks has been under homœopathic treatment, the physician stating that the left lung was "hardened," and giving the parents little hope of recovery.

Present condition.—Fairly nourished; has a slight, dry cough; pulse, 124; temp., 101.5°. On examination—apex beat of the heart to right of sternum; veins over left chest are fuller than normal; if anything, right side of thorax measures more than left; perfect flatness over two-thirds of left side of the chest; line of dulness seems to change a little with change of position; little or no respiratory, sound over dull part; ægophony at middle of posterior left thorax; no râles anywhere.

Patient was sent to a boarding-house in the town, whither I soon followed. Chloroform being given, I thrust needle of aspirator into lower left axillary region, and twenty-four ounces of thick greenish pus was withdrawn. Puncture covered with a bit of adhesive plaster.

Oct. 10. Is dressed and sitting up; vomited a little after chloroform; temperature normal; respiration heard fairly all over left side, accompanied by moist friction sounds; considerable dulness still present on percussion.

Oct. 12. A little more restless last night than he has been since operation; pulse, 116; temp., 99°; has not had his customary chills and feverishness since tapping.

Oct. 15. Since last report fever has again manifested itself in afternoons; pulse, 128; temp., 100.5°; dulness over left side is about the same as at first; little respiratory sound got over dull portion of chest.

Operation.—Chloroform; opening made, under carbolic spray, between sixth and seventh ribs in axillary region and rubber drainage tube inserted; about sixteen ounces of pus flowed out; carbolized-oil dressing, and over it a pad of oakum.

Oct. 16. Slept fairly well without opiate; some vomiting; pulse, 112; temp., normal; side dressed last evening and this morning.

Oct. 19. Doing well; pulse, 110; temp., 99°; side dressed once a day now; urine is dark and smoky.

Oct. 20. Urine as it was yesterday; carbolized gauze substituted for the carbolized-oil dressing. There is less than one ounce of dis-