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### Original Communications.

#### A CASE OF EMPYEMA.

BY M. A. B. SMITH, M. D., DARTMOUTH.

I desire to present a case of old-standing empyema with thoracic fistula.

I take for my text, in order to some extent to question the same, the following sentence from a recent work on "Rules of Antiseptic Surgery," by Arpad G. Gerster. He says: "The injection of irritating fluids or the packing of the cavity with strips of gauze are of no avail, and the only means of effecting a cure is multiple excision of the ribs according to the method of Estlander."

The case is that of a lad now 15 years old. He was born in Wales. His father is a clergyman. His father and mother are healthy. This child was very healthy till five years old.

At that age he contracted measles in a school. He had a light attack but went out of the house before fully recovered, and "took cold" as was sup-

posed, which developed in pleurisy on the left side; about a month after he went out first. At this time he was complaining of hot flashes and loss of appetite. In the course of two weeks from this he was again confined to the house and sometimes to bed. At intervals he now complained of sharp pains in his side. A physician was attending him but did not appear to be aware of what the trouble was. It is evident a subacute pleurisy had been quietly in existence six weeks.

Three weeks after his second illness had developed a "lump" appeared nearly four inches below and slightly to the left of the nipple on the left side. Previous to this he had been poulticed. A second physician was now called in who lanced the abscess. It was found to contain half a pint of pus which ran down upon the seat of the chair. It was then dressed with ordinary cotton rags and an ointment. Directions were given for strong nourishment and he was coaxed to walk which he was now too weak to do. In about two months from the lancing of this abscess he was able to walk out of doors.