THE SURGICAL TREATMENT OF EMPYEMA.*

BV A. PRIMROSE, M.B., C.M. F.DIN., M.R.C.S. ENG.,

Surgeon to the Hospital for Sick Children; Surgeon to the Outdoor Department of the Toronto General Hospital.

PUS within the pleural cavity is a condition which calls for surgical interference. It would appear from one's experience that the earlier suitable measures are adopted to evacuate the pus the better, and the risk of serious consequences is greatly increased by delay. Further, the means employed must be of such character as to ensure an early and complete evacuation of the pus and the prevention of a reaccumulation. There can be no doubt that neglect of these precautions, delay in adopting them, or failure in providing efficient drainage, will, in the vast majority of cases, lead to the most disastrous results, resulting in an almost intractable form of disease, which calls for an extensive and dangerous operation, or may bring about fatal consequences.

I do not propose to deal in this paper with the causes and symptoms of the disease, but will merely deal with the treatment by surgical procedure.

The principles which guide one in treating an accumulation of pus within the pleural cavity are the same as those observed in treating collections of pus elsewhere in the body, modified somewhat, however, by the circumstances that we have in empyema to deal with a rigid chest wall and an expansile and elastic lung.

Simple incision of the chest wall, through an intercostal space, *i.e.*, the operation of *thoracotomy*, may be employed. The site of the incision must be determined according to the position of the collection of pus. If it be general in the pleural cavity, a favorite seat for incision is in the sixth or seventh space, just in front of the posterior fold of the axilla. Other positions for the incision are the eighth or ninth space, just external to the line of the angle of the scapula, or in the fifth space, just external to the cartilages. The opening in the sixth or seventh space has the advantage of a thin covering of the soft parts, and the space is wider than more posteriorly, hut that in the eighth interspace is probably most frequently employed, and has been found very efficient.

* Read before the Toronto Medical Society.