CASE OF EMPYEMA.—TREATMENT BY CARBOLATED IODINE LOTION.

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In the number of this Journal for October, 1875, is reported a case of Empyema occurring in a man aged 70 years, under my care, in which recovery took place; and I now have to report a similar case occurring to a patient 23 years of age, which resulted in death. The fatal result, however, was not immediately due to empyema, but rather to the occurrence of an obstinate diarrhœa, with which the case was complicated, and which resisted all efforts at treatment until the patient was completely worn out by the long continued and exhaustive discharges from the bowels. The following is a history of the case:—

Wm. H., æt 23; born of healthy parents; a lather by trade; mother, brothers and sisters all llving and healthy; father died of pneumonia; says he had gonorrhœa and chancroid; general health good up to the time of attack; no visible signs of constitutional syphilis; slightly addicted to intemperance, tall, muscular, weight about 160 pounds On or about the 24th of last May he caught a severe cold by lying on the damp grass, and was soon after seized with pleuritic pain in the right side. When I first saw him he was suffering acute pain in the right side, with difficulty of breathing, pulse 120, skin hot and dry, and symptoms indicating acute pleuritis of the right side. I put him under appropriate treatment, and in a short time he was relieved; he breathed more easily, and in a few days began to sit up. There was evidence of effusion in the pleural cavity on physical examination, but there was very little difficulty in breathing, and the patient was able to assume the horizontal position. There was no bulging of the intercostal spaces, nor increase in the measurement of the right side of the chest. The symptoms were not urgent, and I fully believed the absorbents would in a short time remove the fluid. With that end in view I placed him upon iodide of potassium combined with diuretics, and gave him occasional doses of sulphate of magnesia, compound jalap powder, &c. Blisters were also applied to the side of the chest, and repeated at intervals. Under this treatment he seemed to improve for the first eight or ten days, after which the fluid increased, and at the end of a week or ten days the chest was completely filled. The patient was now obliged to remain in the upright position. There was only slight bulging of the intercostal spaces, and no appreciable increase in measurement of this side of the chest. The pulse was, and had been for some time from 96 to 100. At this juncture I proposed tapping the chest in order to get rid of the fluid, to which the patient consented, and desired to have Dr. Russell of this city called to consultation. We accordingly met on the 18th of June, and after a careful examination, he coincided with me in the propriety of paracentesis, which was done by means of an aspirator, and twenty ounces of lemon colored serum was removed. This gave immediate relief, and the patient improved for a few days, but the fluid began to re-accumulate, and in about eight days the chest was as full as before when I again introduced the aspirator needle, and to my astonishment withdrew fifty ounces of cream looking pus! Although every precaution was taken to prevent it, some air may have gained entrance during the first operation. This operation gave great relief, and the patient was better and continued so for about a week, during which he was able to get up and go out once for a drive. The fluid, however, soon began to accumulate again and caused him more distress than before. Long before the chest was half full of fluid, he complained of pain and tenderness in the abdomen, chiefly in the epigastric and right hypochondriac region—so much so that I began to fear pointing through the diaphragm into the abdomen. I now decided to employ drainage by the introduction of an India rubber tube in the chest. Dr. Russell was again called in consultation, and a tube was introduced between the 8th and 9th ribs below the angle of the scapula, and allowed to remain. About thirty ounces of foul smelling pus escaped on the introduction of the tube, and on the following day about as much more was withdrawn. The tube was introduced by means of a trocar and canula—the rubber tube having been selected to fit exactly the canula through which it was slipped after the trocar was withdrawn. The tube used was about fourteen inches in length, two inches of it being within the chest. It was prevented from slipping out by tying a string around it close to the chest sufficiently firm to prevent slipping, and making secure by strips of adhesive plaster. The tube