

# MANITOBA, Northwest and British Columbia Lancet.

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WINNIPEG, SEPTEMBER, 1888.

## THE SURGICAL TREATMENT OF PYO-THORAX.

Read before the Medico-Chirurgical Society.

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The surgical procedures to be adopted in the management of pyo-thorax, (limiting my paper to that form following *Thoracentesis pleuritis*) are: Repeated aspirations with the hope, either that the compressed lung may recover itself, expand and bring the visceral layer of the pleura in apposition with the parietal layer; or that the chest-wall may fall in and meet the incompletely expanded lung, and thus effect a cure. It has been positively asserted by some writers that if pus forms in the pleural cavity, free drainage through an opening made in the chest is the only treatment. While it is rare for an empyema to be cured by aspiration in an adult, I have to report two cases, with this fortunate termination.

The first was an Icelander, aged about 38 years, of rather unhealthy appearance, who was in my charge in the Winnipeg General Hospital, during December, 1886. Dr. Blanchard, in the course of his lectures on clinical medicine, wished to aspirate this case before the class, which was done. In the course of about a week I proceeded to trephine the sixth rib in the mid-axillary line, with the impression that free drainage was the proper treatment in a case so distinctly empyemic. So positive was I that even a thorough physical examination was not made, for which negligence my conscience inflicted on me an impressive re-

buke. Upon opening the thoracic cavity, no pus was found; I, however, inserted a drainage tube, supposing it to be lower down. All antiseptic precautions were taken during the operation and subsequent dressings. In five or six days the tube was considered useless, for no pus came through it as was anticipated. In about two weeks' time he was discharged from the hospital cured, not by the "free drainage" system, but by the first and only aspiration.

The second case was in private practice. Mr. P., age 28, strong, healthy and with a good family history, was taken with pleurisy, in the lumber woods, some 250 miles from Winnipeg. It was about three weeks before he could come home. On the 18th of February last I aspirated 42 ounces of sero-pus. That the fluid was purulent in character, I made positive by a microscopic examination. Eight days afterwards I removed 28 ounces of a similar fluid. No further treatment was necessary other than the administration of iron and quinine. He is now enjoying excellent health and at manual labor.

Paracentesis thoracis is therefore indicated in pyo-thorax, as well as when the chest contains water serum or blood, and although not so successful in adults as in children, still it should be performed two or three times at least. Even should it not affect a cure, it surely allows the lung to expand to some extent, and also permits the chest wall to recede, which lessens the cavity, and thus improves the case. Should the pus forming cavity lessen each time after the fluid is removed, whether by expansion of the lung or falling in of the ribs, I should be encouraged to repeat the operation. Dr. Frank Donaldson, of Baltimore, had three cases perfectly cured by aspiration—a child 11 months old, after three aspirations; a child five years old, after five aspirations; and a boy 16 years old, after two aspirations (Pepper.) Godlee reports four of five children, and two of twenty adults thus cured. (Druitt.) Dupuytren cured a case after no less than 73 aspirations. Should an aspirator not be at hand, a common trocar and canula with a Higginson's syringe attached by means of rubber tubing, so as to pump the fluid