

A CASE OF EMPYEMA FOLLOWING AN ACUTE APPENDICITIS WITH OPERATION

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Mr. H. H., aged 20 years, married, clerk, Canadian, well-nourished, presented himself for examination and treatment with a discharging sinus on the right side of the thorax.

The family history—father and mother, alive and well; four brothers and two sisters, alive and well.

The patient's habits are good; no history of venereal disease; no previous illnesses.

He was operated on in July, 1914, at Winnipeg, two days after the onset of the acute appendiceal attack. Two weeks after the operation, patient was suddenly taken with shortness of breath. Later a needle was inserted into the right thorax which showed the presence of pus; and a resection of one rib was done, followed with tube drainage. The discharge has been continuous since, changing in color but often thick, containing blood and usually with a very fetid odor.

On May 6th, 1915, patient was again operated on, an incision being made over fifth, sixth, and seventh ribs, and about two and one half inches of the fifth and sixth ribs removed. The cavity was opened up, cleaned, and drainage tube inserted. It was sewn in with silk worm gut, and muscles closed. The patient remained in the hospital until July 24th, during which time drainage was profuse, and the Sprangle pump was used to increase the flow. One attempt was made to wash out the sinus, using a solution of five per cent. sodium chloride, and $\frac{1}{2}$ per cent. sodium citrate, but the patient became short of breath, with the appearance of the solution in the mouth and throat. He then attended the out-door surgical department, and has continued to do so since, with an almost constant discharge. Since attending, the most marked symptoms have been a feeling of pressure and pain in the shoulder and a very troublesome cough when the discharge lessens, but which disappears when the discharge becomes more abundant.

On October 28th a fluoroscopic examination showed the cavity to extend up to the second rib, right diaphragm fixed and the heart pulled slightly to the right. There is also a very marked thickening and tenderness over the lower right thoracic border at