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CONTENTS.

ORIGINAL COMMUNICATIONS.

EMPHYEMA NECESSITATIS AND EMPHYEMA CURED BY ASPIRATION, by Henry Chipman, M.D., Grand-Pré, Horton, N.S., 85 — **ECRASEUR FOR THE REMOVAL OF INTERNAL UTERINE TUMOURS (ILLUSTRATED),** by William Scott, M.D., Woodstock, Ont., 86 — **A NEW RECTAL BOUGIE,** by C. E. Nelson, M.D., New York (illustrated), 87 — **ADDRESS OF DR. J. W. MOUNT,** President of the Société Médicale of Montreal,88

CORRESPONDENCE.

Letter from Dr. Codd, of Winnipeg...90

PROGRESS OF MEDICAL SCIENCE

Treatment of Eczema, 91 — **On the Causes of Pus in the Urine,** 92 — **Treatment of Eczema of the Hand, often mis-called Psoriasis Palmaris,** 94 — **On Oblique Linear Scarification of the Skin in the treatment of Port-Wine Mark,** 95 — **Hot Application to the Head in Uterine Hemorrhages,** 96 — **Double Pneumonia and Abortion,** 96 — **Effects of Tea on the System,** 97 — **Swallowing a Safety Pin,** 97 — **A Gospel Truth,** 97 — **Therapeutical Notes,** 98 — **Cure of Consumption,** 98 — **Typhoid Fever—its treatment,** 98 — **Succinate of Iron in Gall-stones,** 99 — **Hysterical Retention of Urine,** 100 — **Treatment of Lumbago,** 100 —

Hot-water Douche in Parturition, 100 — **Value of Calomel in the Zymotic Diseases of Infancy,** 101 — **Method of Preserving Dead Bodies,** 102 — **Treatment of Hemorrhoids,** 102 — **Coto Bark in the Diarrhœa of Phthisis,** 103 — **Treatment of Enteric Fever,** 103 — **Treatment of Typhoid Fever in the Philadelphia Hospitals,** 104 — **Treatment of Hemorrhoids,** 106 — **Pruritus Ani...**107

EDITORIAL.

Board of Health, 108 — **Woman's Hospital of Montreal,** 110 — **Meico-Chirurgical Society of Montreal...**112
Review..... 110
Marriages.....112

Original Communications.

EMPHYEMA NECESSITATIS, AND EMPHYEMA CURED BY ASPIRATION.

By HENRY CHIPMAN, M.D., Grand Pré, Horton, Nova Scotia.

The first case was seen in the autumn of 1878 in consultation with Dr. Margeson. The patient, a little boy six years of age, had a history of pleuritis with effusion extending back some weeks. At the time of consultation there was extreme emaciation, a temperature of 104° F., a pulse of 160, and respirations 60 in the minute; the heart was pushed over to the right of the sternum, and on the left about an inch below the nipple, was a pulsating tumor, the pulsations of which were synchronous with those of the heart. There was a troublesome cough with no expectoration, but accompanied with a gangrenous odor. Death seemed so imminent that we decided that operative interference would only hasten the end, and we left the little fellow, fully expecting to hear of his death in a few hours. The sequel proved our prognosis wrong, however. After a few days the empyema found its way through the pleura costalis and the soft parts of the wall of the chest, and formed an opening at the bottom of the pleural cavity on the left side on a line with the axilla. There was a free discharge, the pulsating tumor above disappeared, and there was rapid improvement of all the symptoms. This improvement continued, and at the end of six months the patient was run-

ning about, and in less than a year the opening had closed and there was apparently complete recovery. A short time subsequently, after exposure, there was a second attack of pleuritis with empyema, and a second discharge through the old cicatrix, which still continues, and now has the appearance of a permanent fistulous opening.

The second case occurred in my own practice: Willie N., aged six years, together with two other children in the same family, recovered from an attack of epidemic influenza, early in May last; but after I had ceased attending the family I was again called to see him (on the 14th) and found all the symptoms of acute pleuritis. Under antiphlogistic treatment and counter irritation the more urgent symptoms subsided, and by the first of June the fever had mostly disappeared, but there was a steady loss of strength and no absorption of the effusion which had taken place in the left pleural cavity. Through the month of June there was fever of an intermittent character, with a difference in the morning and evening temperature. At the end of the month I was satisfied that the effusion was purulent, and called Dr. Shaw in consultation. A trial of calomel, tart. antimony with a little pulv. dov. to prevent its being carried off by the bowels, was decided on, and this treatment with milk and wine was continued for a few days with no apparent improvement, and on the 12th July Dr. Shaw was called to assist in withdrawing the effusion. At that date there was extreme emacia-