

CASE OF EMPYEMA.

REMARKS BY DR. RICHARDSON.

Before commenting on the foregoing case of Empyema, I would take this opportunity of thanking Dr. Johnson, not only for his unromitting attention and assistance during its protracted treatment, but also for his detailed report, which, however, I have condensed, so as to present only those points of the treatment which are of special interest.

The case is, I think, deserving of attention for two reasons:—first, because of its favorable termination, as it is stated by Aitkin in his "Science and Practice of Medicine," (when referring to the experience of Dr. Bowditch, who had performed the operation of Paracentesis thoracis 150 times), that, "If the fluid afterwards" (i.e., after the first tapping) "becomes purulent an almost certain fatality attended such a change;" and secondly, because of the simple and, as far as I know, novel means which were employed in the surgical treatment.

When it became evident, after the third operation, that a constant, free evacuation of the sero-purulent matter was absolutely necessary, we debated whether or not we should introduce an ordinary drainage tube. To this I had a strong objection, for, notwithstanding the opinion expressed by Dr. Fuller, that when pus exists, "the admission of air is not of the slightest importance," I could not resist the conviction that such a result was very undesirable, and I felt satisfied that if the fluid was allowed to drain off through an ordinary drainage tube, the necessary consequence would be, that as the fluid ran out, air would freely pass into the pleural cavity, and not only would decomposition of the pus be hastened and the chances of pyæmia be fearfully increased thereby, but expansion of the lung, supposing that it retained any expansibility, would be effectually and absolutely prevented. On these grounds I chose such a contrivance as would allow the fluid to be evacuated without the admission of air. The india rubber tube, manipulated as described in Dr Johnson's report, accomplished the end most satisfactorily, and for a long time I thought we were safe from any source of failure. When, however, the contents of the cavity became foul, as was evidenced by the escape of fætid gas from around the tube, I found I had a most formidable complica-