

draw off an empyema by repeated aspirations.* I have seen two successful cases, so-called, of this practice. One spat pus within a month of his recovery, and the other died of hectic. Twice I have seen pus spat up while the systematic aspirations were carried out. I would not trust any reputed recovery under this plan till the patient had been watched for years. My two objections, and these complete ones, to repeated aspiration are: 1. Aspiration does not prevent the formation of a pulmonary fistula; 2. It does not prevent absorption, but rather favours it. By the pressure of a full cavity, absorption is often prevented and fever absent; draw off some of the pus, you relieve pressure, and absorption begins. I put before you charts illustrative of this; from them, you will see that by complete drainage alone fever is averted, and by the presence of fever after operation for empyema I detect at once a defect in the operation or a defect in the nursing. By a free opening at the lowest point of the cavity and as far back as possible, the pus must be run out, and complete drainage secured. The whole must be done under the antiseptic method, and antiseptic dressing continued. I have rarely found injections of any value, and should only resort to them in case of very fetid retained material, and should then use them of the mildest and simplest kind. But this plan, it is said, means a three months' illness, and perhaps death by exhaustion. Be it so, and be it remembered that empyema taking its own course is a three years' illness, and death probably at the end of that. Nor can any sleight of hand make a huge internal abscess anything but a terrible infliction. I can only say that the miserable broken down creatures who seek shelter in a hospital are generally cured completely in twelve or fifteen weeks; and that in private practice I have never yet lost a reasonably favourable case. As the cavity contracts to small dimensions, the drainage tube must be shortened. If a pulmonary fistula have formed before the patient comes under treatment, a counter-opening must be made and the chest drained, as in other cases.

* I mean here aspirations as the chest refills. On the other hand, the more recent proposal to aspirate every other day, or at very short intervals, is, in my opinion, well deserving of careful trial.

Class V. Pleural dropsies will not detain us long. These being often dependent upon disease elsewhere, and, therefore, often double, puncture should be used only in case of urgency. Fortunately, in these cases operation is of the simplest kind. There is no fear whatever of pus-formation, and the water may be allowed to run through an unguarded trocar, as in the case of ascites. At the same time, if circumstances permit, it is well to form an antiseptic atmosphere around the opening.—*British Medical Journal*.

RECTAL ALIMENTATION.

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INDICATIONS FOR RECTAL ALIMENTATION.

In cases of disease seated in the œsophagus, at the cardiac orifice of the stomach and at the pylorus, involving sufficient obstruction to prevent adequate nutrition, it is a very obvious indication to nourish by the rectum. I can recall cases in my past experience in which, with our present knowledge of rectal alimentation, as there is reason to believe, life might thereby have been much prolonged and suffering alleviated. In a case of cancer of the œsophagus, occurring in the practice of Dr. Purple within the past year, suffering from a sense of hunger was removed, and probably death postponed, by nutritive injections. Recently, in a case treated by Dr. Varrick, of Jersey City, a stricture of the œsophagus occurred which was relieved by the use of bougies. Before this was accomplished, the patient, who was extremely feeble, would probably have died had he not been sustained by food introduced into the rectum. He was subsequently able to take very little aliment into the stomach, owing to an invincible anorexia probably connected with degeneration of the gastro-intestinal tubules, and, under these circumstances, life was apparently prolonged by a continuance of the nutritive injections.

As regards prolongation of life and recovery, of course, the success of rectal alimentation will depend greatly on the nature of the disease irrespective of the mechanical obstruction. In cases of carcinoma, the most frequent of the ob-