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ORIGINAL COMMUNICATIONS.

ART. XXIV.—*Traumatic Emphysema*. By WALTER HENRY, M.D.,
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I have read with interest a good case of traumatic emphysema from broken ribs, well treated and well described, in the November number of the Chronicle. Having had a good deal of experience in such cases, and also in more serious ones, where a ball or a pointed weapon wounds the lungs, I send you a few brief remarks on the subject, hoping that a communication from an old medical campaigner in the Peninsula may not be unacceptable.

Fracture of the ribs, with emphysema, is generally, and where great violence has not been the cause, more formidable in appearance than reality. To an inexperienced surgeon, the sight of a man in great pain and distress, breathing with difficulty, and with his chest inflated like a barrel, is very alarming. Every bystander, of course, considers the case quite hopeless; yet, in the majority of such instances, there is no great danger. Under judicious treatment, adapted to the opposite conditions of collapse and reaction, restricting the action of the external respiratory muscles, and making the breathing as much phrenic as possible, with the employment of suitable medicines, nature soon effects a cure.

The first thing usually done after recovery from the immediate shock, is to apply a bandage round the chest; and, under ordinary circumstances, and when there is no hæmorrhage from the mouth, this is, doubtless, quite right. But it should be borne in mind, that a common calico or linen bandage, however scientifically applied, will soon slacken, cease to confine the chest effectually, and become nearly useless for the chief purpose of its employment. As soon, therefore, as the patient is removed to his own residence, or an hospital, a hempen or coarse linen vest, doubled, should be prepared and put on, which must be tightly fitted, and sewed, or laced down the back, and have straps to support it over the shoulders. This appears to me to be almost indispensable to the proper treatment of the case.