

After the acute stage is passed, the object of treatment is to promote repair in the diseased nerves, and to prevent muscular waste. Both of these objects are best attained by warm baths, massage, and electricity. These measures stimulate the circulation, and thus maintain nutrition and promote the reparative processes. The administration of arsenic and strychnine, in small doses, will also prove useful.

Selections.

REMARKS UPON A CASE OF EMPY- EMA, COMPLICATED WITH PLUMONARY ŒDEMA.

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Though the subject of empyema has but recently been discussed before this section, I have taken the liberty to present the following case, in order to direct attention to a not infrequent complication, and to lay stress upon a practical point in the management of cases complicated with œdema of the other lung.

The little patient, Jesse W., aged twenty months, was referred to me, through the courtesy of Dr. D. Cook, December 5, 1889. Unfortunately, I was not able to see the child until midnight, though notified earlier in the evening that effusion was present with œdema of the other lung. I found the patient, who had been ill sixteen days, in a very precarious condition, extremely restless, tossing about wildly and crying incessantly. Marked orthopnoea present during a number of hours. Face and extremities cyanosed; pulse feeble; limbs cold; eyes sunken and heavy. Several drachms of brandy were given, and the child, seated in its mother's lap, was aspirated, and about six ounces of purulent fluid drawn off, very slowly, through a small needle. Though the breathing became easier, the general condition was bad. The child was at once placed in bed with the head low, hot bottles being applied to the extremities, and warm applications over the præcordial region. Very soon the little one rallied and grew quiet, a little later fell asleep, and passed a fairly comfortable night. The next day, as the child had gained ground and looked considerably better, it was determined to operate,

the œdema of the other side having subsided. Accordingly, assisted by Dr. Cook, the child was placed upon the healthy side, and without an anæsthetic, the chest was incised posteriorly below the angle of the scapula, and a drainage-tube inserted. The cavity was now irrigated with hot water and an antiseptic dressing applied. Irrigation was subsequently employed once or twice to wash out some lymph masses. A sheet of rubber, several inches square, was placed over the drainage-tube to act as a valve. This innovation, however, did not impress Dr. Cook or myself very favorably, and was dispensed with after a few days. The subsequent course was favorable, and in less than four weeks not only had the lung expanded fully, but even the integumental wound had healed.

Hyperæmia or congestion of the lungs is a very grave complication, which may result in œdema and even cause free albuminoid and frothy expectoration, often terminating in asphyxia and death by suffocation, œdema pneumonia serosa of Traube—acute albuminoid expectoration of the French authors.

When pulmonary œdema occurs as a complication of purulent pleurisy, it adds to the gravity of the case, and may be the immediate cause of a fatal termination. The treatment should be prompt and bold. Stimulants of various kinds must be administered and the chest aspirated without delay. The quantity to be drawn off must necessarily vary with the circumstances of the individual case. Even in simple cases of effusion there is ordinarily greater or less danger of producing fresh congestion and hyperæmia of the lungs in removing large quantities of the effusion. It must not be lost sight of, that our purpose is to relieve the intrathoracic pressure, to free the overburdened heart, and to remove the symptoms of oppression. As has been well said, "slowness in the withdrawal of the fluid, as well as the small quantity drawn, lessens the probability of any unpleasant effect." Bowditch says, "I always draw with great deliberation. I pull so lightly upon the handle of the piston that it seems as if the fluid itself were pressing out from the chest and pushed the piston upwards, my hand simply following the impulse."

If this be true of an uncomplicated case, the lesson applies with far greater force to a case in