point of view, for although the doctrine of fatty embolism has been announced in the course of lectures of Professors Vulpian and Charcot it did not appear to us up to the present time, to have attracted sufficiently the attention of the medical world.

## PARACENTESIS THORACIS IN SUPPURATIVE PLEURITIS — 'NITROUS-OXIDE GAS AS AN ANÆSTHETIC.'

BY WELLINGTON N. CAMPBELL, M.D., NEW YORK.

Late House Physician and Surgeon of the 99th St. Hospital
Late Assistant-Sanitary Inspector to the Board of Health, and Attending Physician to the New York and Northern Dispensaries.

The patient states that while exposed to the vicissitudes of the weather during the summer of 1868, he was attacked with acute pleuritis on the left side, for which he was treated in the usual manner. The acute symptoms subsided in a short time; but he realized that he did not breathe as perfectly as before the attack, owing to existing trouble on that side, and he was annoyed by a persistent hacking cough. During the fall of 1869 he had several attacks of hemoptysis, but still continued at his occupation which was that of a private detective. During the fall of 1871 he had another attack of hemoptysis, a little more severe than the preceding one, which alarmed him very much; but which caused him no particular inconvenience. In the summer of 1872, he perceived by digital examination that his heart was displaced to the right, and he was still annoyed by a dry, short, hacking cough, with mucous expectoration, for which he consulted a physician, who gave him a cough mixture and cod-liver oil, alternated with mineral tonics, which he continued to take. I visited him for the first time on the 15th of Nov. 1876, and found him very much emaciated, and suffering from a persistent cough, accompanied with a thin, glairy mucous expectoration, recurrent chills, hectic paroxysms, marked febrile movements, and profuse nocturnal perspirations, and in fact he bore an exact counterpart, in appearance, to one suffering from the last stage of consumption. On examination I found the apex beat of the heart under the right nipple, diminished in intensity and increased in frequency. Pulse at the wrist 120 per minute, small and compressible; temperature in the axilla, 102° F. with the left pleural sac completely filled, with what I supposed to be pus, owing to the marked bulging of the intercostal spaces. The following day I met Dr. Austin Flint in consultation, and he confirmed the above diagnosis. I operated on the 29th of Nov. using compressed nitrous-oxide gas as an anæsthetic, administered by my dental friend M. S. Beebe. The incision was made with a scalpel in the eighth intercostal space, a little posterior to the axillary line, drawing off about one quart of thick laudable pus, when the patient becoming exceedingly weak, and feeling a sense of suffocation, I was forced to desist. I closed the wound with adhesive plaster, and gave stimulants. On the following day (Nov. 30) I drew off the remainder, which consisted of one pint. There was little, if any odor from the pus. I continued to sustain him by a fluid nutritive diet, tonics, and stimulants. He continued to have an occasional chill and nocturnal perspirations, but they gradually subsided by removing the pus twice daily and cleansing the cavity by injections (through a flexible catheter) of a weak solution of permanganate of potash, which also served as an excellent deodorizer, and prevented excoriation of the wound by acrid secretions. He had constitutional syphilis, and there remained as a sequence chronic nasal catarrh. The syphilitic cachexia probably acted as a predisposing cause, by which the acute was transformed into the suppurative form of pleuritis. He improved gradually and commenced taking exercise about his room on the 15th of Dec., and went out on the street for the first time on the 24th, after which he took out door exercise daily, and eventually went on duty. The heart had returned to that extent that the apex beat was felt in the ensiform triangle. The cardiac pulsations were less intense, but more frequent than normal, owing to pericardial adhesions, and its unfavorable position. The vesicular murmur and resonance were about normal over the whole of the posterior, but were heard with diminished intensity over the upper anterior portion of the lung. Still he complained of but little difficulty in breathing, except upon taking undue exercise. The latter part of Feb., 1877, he went to Washington, on official duty (contrary to advice) feeling tolerably comfortable. The discharge at this date amounted to about one ounce daily, consisting mostly of serum. I instructed him to remove the oakum daily (which was