

## PULMONARY GANGRENE AND ABSCESS.\*

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Pulmonary gangrene and abscess, although recognized by Hippocrates, and considered by various writers from that time up to the present, has become of practical interest to the surgeon chiefly since the era of Listerism. Indeed, it is only within the last few years that the surgery of the lungs, including pulmonary gangrene and abscess, has received serious attention, and been placed upon a sound, scientific basis. The various details connected with the diagnosis, operative treatment and prognosis of these conditions have been advanced very largely by the labors of Quinke, Tuffier, Gluck, Karewski, Garrè and Körte.

The present paper is based upon 14 cases of pulmonary abscess and gangrene.

The ages were from 20 to 53. There were 10 males and 4 females.

The right side was diseased in 6 and the left side in 8 cases. The upper lobe was involved in 3 cases; the middle in 1, and the lower lobe in 11.

Three of these patients were epileptics and 3 were alcoholics. In six cases the disease seemed clearly to be secondary to pneumonia, and probably in all of the six it was an aspiration pneumonia.

In two the pneumonia immediately followed the administration of anesthesia for the extraction of teeth, alveolar abscess being present in both instances. In one it began by sudden, severe pain in the right side two days after confinement. The following day the patient spat up a mouthful of blood-stained material. A pneumonia then developed which would seem to be embolic in origin.

In one instance the abscess followed trauma. An Italian fell 40 feet, striking on his back. A traumatic pneumonia developed, followed by abscess.

In no instance was a foreign body found or suspected. Foreign bodies in the bronchi as a cause of gangrene are very rare. Weis, in a collection of 1,000 cases of foreign bodies in the air passages does not mention gangrene as a sequel. Hoffman, in 252 cases, reported in Nothnagel's System, men-

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