

# THE BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XCIII.—THURSDAY, OCTOBER 14, 1875.—NO. 16.

---

## A CASE OF EMPYEMA TREATED BY FREE INCISION.<sup>1</sup>

BY C. L. HUBBELL, M. D., OF TROY, N. Y.

WITHIN the last few months, in reading a number of the JOURNAL, I saw a communication by Dr. John G. Blake, of Boston, which was read before the Boston Society for Medical Observation, entitled Treatment of Empyema by Permanent Openings in the Chest. Four cases were reported, three of which were successful, and it was afterwards ascertained that in the unsuccessful one the failure was not attributable to the operation or the disease. I was so impressed with the practicability of the operation, nay, the necessity of it in many cases, that I then resolved to employ the method at the earliest opportunity in my practice.

On the 10th of January last I was called to see a little girl, between three and four years of age, who with her twin sister had the week before gone through an attack of measles without medical attendance. I found a severe case of pleuro-pneumonia of the left side, involving the entire lung, which, as a sequel of the measles, had been going on unchecked for three or four days.

The more acute inflammatory symptoms subsided in the course of a week, but it was evident that all was not right with the little one, and I feared permanent damage to the lung. So much improvement was manifested, however, that I ceased attendance, having placed the patient on tonics, with milk diet and cod-liver oil. During the next two months I saw the child occasionally, and at times there seemed to be an improvement in her symptoms; at all events she was no worse. But early in April I felt satisfied that the case was one of empyema. There was no bulging of the intercostal spaces, but there was universal dullness over the left side, and entire absence of respiration. The cough was incessant day and night; the appetite was failing; there were night sweats, and occasional attacks of dyspnoea. I urged an operation to the parents as the only means of saving their child, but they were "afraid she was too young to stand it," and desired me to postpone surgical measures, to see if she might not yet improve.

<sup>1</sup> Read before the Rensselaer County Medical Society, May 11, 1875, by C. L. Hubbell, M. D., President.

She steadily failed, however, and on the 24th of April colliquative diarrhœa set in, lasting two or three days; the emaciation had become extreme, the feet and ankles were œdematous, the pulse was 170, and the countenance began to look death-like. The parents having at last consented to an operation, assisted by Dr. H. B. Whiton I removed by the aspirator eight ounces of thick pus, all that would come through the needle of the instrument. The diagnosis was now confirmed; the night following was the best the patient had passed in a long time, and the next day she appeared much brighter, though feeble. I felt the more anxious now to do all that ought to be done, although the condition of the child, after so long a delay, was a very unpromising one for any operative procedures. By the 30th of April, six days after the use of the aspirator, symptoms had become very urgent again, and after having administered ether, assisted by Dr. George H. Hubbard, I made a free incision into the cavity of the chest, a little more than an inch and one half in length, in front, and near the lower angle of the scapula. More than a pint and a half of somewhat fœtid pus was discharged; the position of the patient was changed, and with the aid of a canula the pleural cavity was thoroughly evacuated. The night following this operation was passed very comfortably, and the next day the pulse fell from 170 to 140. By means of an oakum tent, which at the same time facilitated drainage, the opening was prevented from closing.

May 2d, I again introduced the canula, and got two or three ounces of thick, laudable pus, evidently an improvement on that of a few days previous. Then, having adjusted a double silver catheter in the opening, and a syringe being nicely fitted to one tube, I injected one quart of warm water at a temperature of 98°, with a few drops of carbolic-acid solution in it. In a few moments the fluid began to run out just as clear as when it went in, and it was evident that such thorough rinsing and cleansing of the diseased, pus-secreting pleural surfaces must be attended with great benefit. I should have added that in consequence of the irritable condition of the child ether was administered, and that I was assisted by Dr. H. B. Whiton.

The day succeeding this injection was passed in great comfort; the pulse had fallen to 128; the appetite was enormous; the diarrhœa had ceased, and the little one for the first time played some with her doll. After the date of the first injection the syringing was repeated at intervals of a day or two, and the improvement was steady and marked.

I think within a week from the present date, May 11th, the opening can be safely allowed to close. No ether is now administered, nor is any tube left in for purposes of drainage. At one time I placed a short double gum elastic bougie in the wound, thinking to leave it and inject through it; but I soon found the annoyance from its presence was much greater than from the daily introduction of the catheter. Dr. Blake

reports that, in one of his cases, he fastened in the wound a tube made somewhat after the pattern of a tracheotomy tube, but that it was abandoned in a day or two.

I think there can be no doubt as to the propriety of these operations, and I venture to predict that the time will soon come when it will be considered a far more criminal matter to neglect such practice when the great cavities of the body with their vital organs are involved, than to omit the evacuation of pus from superficial abscesses, which we always agree should be done as soon as the presence of pus is diagnosed. Now that we have the aspirator, that harmless but life-saving instrument, as an aid in diagnosis, there is no excuse for not doing all that should be done. Physicians have always feared the admission of air to serous surfaces, and we were taught the importance of making a valvular incision in performing the operation of paracentesis thoracis in order to avoid atmospheric contact, but it is found now that the largest percentage of success in ovariectomy is obtained where free and complete drainage is established, thus avoiding septicæmia and peritonitis.

NOTE. — At the present date, August 17th, the little patient whose case is here related is apparently in perfect health, and the respiratory murmur is clear and distinct over the whole lung. In conclusion, I will only say that the lesson taught me by this case is to recognize early the presence of pus in the thoracic cavity after pleuro-pneumonia, and then at once to evacuate it, and keep the cavity drained and cleansed until it is evident that a healthy action is restored. The narrow escape from death in this instance demonstrated to me that many valuable lives might be saved by employing seasonably this means for their safety.

---

## A COMPLICATED CASE OF LABOR.

BY J. O. MARBLE, M. D., OF WORCESTER.

At half past six A. M. of September 17, 1875, I was called to attend Mrs. K., aged thirty-four, in her fourth pregnancy, in labor about an hour. I was speedily at her side, having attended her in a very rapid labor less than two years previously. I found her walking about, with severe pains; she said that she "knew something was wrong," and that a deluge of water had just escaped from her. I had her bed prepared, and after much urging persuaded her to lie down. On making a vaginal examination I found the os fully dilated and a soft mass presenting, which I at first took to be a shoulder. Making further exploration I distinctly felt a head lying to the left of the soft mass, and firmly pressed against it. A little further manipulation convinced me that I had to