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EMPYEMA OF THORAX, RELIEVED BY PARACENTESIS.

[Read before the Middlesex East District Medical Society, July 20th, 1864, and communicated for the Boston Medical and Surgical Journal.]

BY A. CHAPIN, M.D., WINCHESTER.

MARCH 9th, of the present year, I was sent for to see E. M., a boy four years old, suffering with severe pain in his abdomen and great restlessness. After a day or two, the symptoms, at first obscure, became more distinct. The restlessness and febrile action had increased, also the pain, which had become violent and was located in the right superior iliac region. The legs were habitually drawn up; constipation was persistent from the first, and unrelieved by accumulated cathartics and injections; the respiration restrained and with a catch, dry and puerile. At the end of five days, under the use of leeches, fomentations, mercurials, opiates, &c., the tenderness and obstruction had given way, and I left him on the fifteenth, sitting up and comfortable. The disease I had diagnosticated perityphlitis.

March 17th, two days later, I was again called, and found him covered with a rubeolous eruption on his face, neck and arms, great febrile action and restlessness; catarrhal symptoms—a cough, watery eyes and running at the nose; the respiration spasmodic and frequent, and a mucous râle in the right lung. The measles did not come out well, and soon disappeared, but the symptoms diminished in violence, and the boy became more comfortable and seemed improving, so that I intermitted my visits. Still the respiration continued oppressed, and exacerbation of symptoms re-appeared. A dulness on percussion showed itself, which soon extended over the whole right thorax; the respiratory sounds disappeared, and the febrile reaction became excessive—the pulse rising as high as 165.

April 3d, twenty-four days from the first attack and seventeen from the disappearance of the measles, his condition had assumed serious gravity. The right thorax measured two inches larger than the left; dull percussion extended over its whole surface; respira-

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tory sounds were absent; respiration became abdominal; the impulses of the heart were distinct under the left arm, it being pressed far into the left thorax; the head elevated; posture on the left side; pulse 128; respiration 90, spasmodic.

Dr. E. Cutter having been called to my aid, and concurring in the diagnosis that fluid filled the right thorax, with the use of Wyman's apparatus for thoracentesis he drew away twenty ounces of purulent matter. Breathing at once became steady and easy. On the next day he was found quiet, having had a tolerably comfortable night, but was sore and unwilling to be moved. For a few days he seemed to gain; his urine, which was highly lateritious, became clearer; the general œdematous effusion which pervaded him subsided, his appetite became good, and his whole appearance improved.

April 10th, seven days from the operation of paracentesis, his symptoms having recurred unfavorably, much as before, Dr. Cutter was again sent for, who introduced the trocar under the right scapula between the ninth and tenth ribs, and with the aid of Wyman's pump drew off nineteen ounces more of pus, followed by the same relief as before. The next day I found that, under the influence of Dover's powder, he had slept well, his breathing was easy, and his aspect comfortable. He continued gaining slowly for more than a week, when his symptoms became less favorable. Dr. Cutter again met me on the 21st, eleven days from the last operation. Respiration was then distinct on the right of the spine, and was less frequent; percussion nearly normal in the superior portion of the thorax; pulse 120; appetite poor; countenance pallid; much prostration; symptoms of pyohæmia. It was concluded not to operate again, as a pointing was found at the point where the trocar had entered. On the 24th, two weeks from the last operation, I opened the prominence with a lancet. Pus flowed freely, and the boy again improved slowly. A few days after, the mother informed me that wishing to do all that could be done for her boy, she had called a homœopathist, who would in future see to him; and so he passed from my care!

The child, as I learned yesterday, has varied much in its aspects and prospects the past three months since I lost the charge of it. The orifice continued to discharge, at one time closing and then reopening, till a few weeks since, when it effectually closed and so continues. He now has an improved aspect in his countenance, breathes freely, but with an occasional catch, respiration is distinct under the right arm, lies on either side, sleeps and eats well, walks about out of doors, and seems to carry the aspect of recovery.

[NOTE.—Dr. Cutter reported the case of a man 50 years of age, a shoemaker, sick two weeks—effusion into right thorax—dullness on percussion, absence of respiratory murmur, no ægophony, immobility during respiratory act, fulness of intercostal spaces, no vocal fremitus. He drew off by a puncture, just below the lowest angle

of the scapula, seventy fluid ounces of serum on March 4th, 1864. Iodide of potassium, with cream of tartar and pumpkin seeds, internally, and iodine externally, completed the cure, which, as far as it is possible to discover, has been perfect and permanent.—SEC.]

POST-MORTEM EXAMINATIONS

OF CASES REPORTED ON THE MONTHLY REPORT OF SICK AND WOUNDED AT BASE HOSPITAL, 18TH ARMY CORPS, FOR MONTH OF JULY, 1864.

[Communicated to the Surgeon-General of Massachusetts by C. E. MUNN, Asst. Surg. of 27th Mass. Vols. and Executive Officer Base Hospital.]

CASE I.—Henry Williams, Co. D, 1st Conn. Heavy Artillery, was admitted to hospital July 1st, for a gun-shot wound of the chest, received the day previous. Ball entered below the right clavicle, an inch and a half from the sternum, and passed out through the left scapula near the middle of the inferior edge. Wound had been hermetically sealed by Dr. Howard, at the field hospital. Patient had since been under his care, and his peculiar method of treatment fully adopted. He died July 7th.

Post mortem made ten hours after death, by Dr. Wendell, N. H.; Drs. Munn and Emery, Mass., and Storrs, Conn., also present.

External Examination.—Chest well formed; wound in front; the appearance of being closed by metallic sutures a few hours before death; the wound of exit closed by adhesive straps and collodion. Two small wounds made by tapping on the right side were dressed in the same manner. The attendants report the first, made on the 3d inst., was between the sixth and seventh ribs, two inches back of nipple; the other made fourteen hours before death, between the fifth and sixth ribs. Percussion was *resonant* on the *right side*. On the left, somewhat dull.

Internal Examination.—The ball was found to have passed through the external and upper part of the sternum, entering the pleural cavity at the junction of the first rib, thence through the upper lobe of the left lung outward, backwards, leaving the cavity three inches from the spine between the third and fourth ribs, and opening externally through the scapula as above stated. The lung on the *right* side was uninjured, and healthy in appearance, except somewhat more than usual *post-mortem* congestion in the posterior portion. Left lung congested throughout, and firmly adhered to the walls of the chest. Through the upper lobe was the suppurative track of the ball. No fluid was found on the *right side*. Five ounces of pus was found on the left, close upon the diaphragm, having a connection with the upper part of the lung. There was a small quantity of serum in other parts of the side. The two wounds from tapping were traced through the walls of the chest, into and through the *diaphragm*, into the *liver*.