

SURGERY

UNDER THE CHARGE OF

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Empyema of the Thorax.—WILENSKY (*Surg., Gynec., and Obst.*, 1915, xx, 50) presents a critical study of 299 cases of acute empyema of the thorax treated at the Mount Sinai Hospital, New York, in the last ten years. More than one-third of the cases occurred in the first two years of life. In the first year, 48 per cent. of the cases were lost; in the second year 31 per cent.; and in the third year 41 per cent. For the rest the average mortality was about 18 per cent. The youngest patient was five weeks old and the oldest sixty-four years, and both recovered. Sixty-six per cent. of the cases followed lobar or bronchopneumonia. In 33 per cent. the empyema occurred as a primary disease. In 2 to 3 per cent. of all the cases, the empyema appeared as a secondary focus to some inflammatory lesion in a distant part of the body. It occurred in the bacteremias, usually of the staphylococcus or streptococcus groups; also after infections of the pharynx and tonsils; after appendicitis, either with or without abscess formation; or after purulent inflammations of the uterus and adnexa occurring in the puerperium or independent of it; after a hemorrhoid operation; and after an infected vaccination ulcer. About 2 per cent. of the patients had both pleuræ involved and many of these died. Wilensky says that whatever the cause of the empyema, the pleural cavity is entirely involved in the majority of cases. No adhesions may be present and the pus may circulate over all the lung surfaces between visceral and parietal pleura. The cases studied are from the records of the hospital and it is not stated that this view is based upon personal observations or upon other authority. According to this conception the dulness in the usual empyema should move as freely as in ascites, which is not in agreement with common experience; and the simultaneous opening on both sides of a double large empyema should be followed by a rapid total double pneumothorax, which is not in accord with Hellin's extensive statistical study and more recent literature. Aseptic purulent exudates are uncommon. A certain number of cases were caused by anerobic bacteria. Murphy's formalin injection method of treatment was tried in 7 cases. Two of these died and 3 are reported as not improved. The largest number of the cases stayed in the hospital only from three to four weeks. It was not stated, however, that the sinuses were closed when the patients left the hospital.

The average mortality for the series was 28 per cent., varying from 50 per cent. in infants to 18 per cent. in adults. The least unfavorable period is between three and ten years of age. Twenty per cent. of the patients die as the result of the primary illness, or of a recurrence of it, or of some other complication or intercurrent disease. Only 8 per cent. die because of the empyema, and half of these die in the first forty-eight hours. Twenty-three per cent. of the patients that recovered had more or less trouble with the healing of their wounds—1 out of every 4.

The Use of Silver Foil in Surgery.—LEXER (*Zentralbl. f. Chir.*, 1915, xlii, 217) found silver foil very advantageous, especially, in wounds of the face and in skin transplantations. On the first change of the dressings, a week after operation, or when the sutures have been left three weeks or more under a cast, they are dry and show no surrounding inflammation, even in regions rich in perspiration. It was shown by bacteriological examinations that the sutures and surrounding parts remained sterile when covered by the silver foil. Eczema and maceration of the skin did not occur when the wound secretions were abundant and kept the dressings moist after delay in changing them. A striking feature is the fine smooth scar which is dependent upon the absence of infection. If the silver foil is washed away with benzin and the scar examined by a magnifying glass, three or four days afterward, the new epidermis is seen covering this scar smoothly from one edge of the wound to the other. This gives the sutured wound a better hold so that one may use very fine sutures. This is of special advantage in plastic operations on the face. The sutures may be removed after five days and the wound covered by more silver foil as long as a dressing seems necessary. Because of this rapid covering of the wound by the skin, Lexer employed the silver foil in skin transplantations and thinks there is no better method. Here, also, he employs only one layer of the silver, instead of four layers as by Halstead who introduced this method in 1894, and covers the silver with smooth sterile gauze. On the removal of the dressing at the end of a week the grafts are found healed. In some spots the epidermis is raised by blood or pus, as when granulations have been removed, but these spots are quickly covered by epidermis after the lifted parts are removed and the underlying granulations have been covered by silver foil. Lexer applied the method to granulating wounds and found that good smooth granulations developed and excess was prevented by the silver. Unhealthy granulations with much secretions were cleansed rather rapidly by the silver.

Treatment of Gunshot Wounds of the Abdomen by Compressing Bandages.—KELLING (*Zentralbl. f. Chir.*, 1915, xlii, 241) after calling attention to the high mortality of these cases and the associated conditions affecting the mortality, says that the first efforts of the surgeon should be directed toward localizing as much as possible the results of the injury to the gastro-intestinal tract. The patients should lie quiet and should be carried to the place for treatment. Scheibe reported that those who lay two or three days on the battle field, showed favorable results. Those wounded below the umbilicus