A Mirror of Hospital Practice

A CASE OF EMPYEMA NECESSITATIS, CURED BY ASPIRATION ALONE

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U. N., a Muslim male, aged 50 years, was admitted in the Civil Hospital, Isakhel, on 12th May, 1932, with the following history :

About three months previous to his admission, the patient had an attack of acute illness, with high fever, cough, and pain in the left side of the chest. The acute attack lasted for about two weeks; but he never recovered fully and has had fever and cough with expectoration ever since. He continued to get weaker and complained of breathlessness even on slight exertion.

On physical examination the chest showed the typical signs of effusion in the left side—limited expansion of the chest on the affected side, dull percussion note, very much diminished vocal fremitus and resonance, and nearly inaudible breath sounds. The dullness was well marked up to the level of the fourth thoracic vertebra and a few crepitations were heard on both sides.

There was a red, fluctuating swelling in front of the chest about the seventh and eighth left ribs; it had the appearance of an abscess on the point of bursting. It was diagnosed to be an empyema arising during the course of an attack of pneumonia and the external swelling was the pus from the pleural cavity pointing on the surface (empyema necessitatis). The diagnosis was confirmed by an exploratory puncture.

From the 12th to the 19th of May his temperature ranged from 97°F. in the morning to 100 to 101°F. in the evening.

On the 19th, a spot in the ninth intercostal space in the axillary region was anæsthetized with 1 per cent novocain solution, a trocar and cannula of a Potain's aspirator were inserted and about 20 ounces of pus were drawn out.

The pus was greenish-grey in colour and fairly thick in consistency. Unfortunately there was no equipment to examine the pus bacteriologically.

The patient showed improvement immediately after the aspiration; the fever disappeared the next day; the cough and general condition was also decidedly better. The external swelling, however, showed no sign of becoming smaller.

Another aspiration was done on the 23rd May. This time only about 5 ounces of pus came out; it was brownish-grey in colour and much thinner in consistency, being sero-purulent in character.

After this second aspiration the swelling began to subside so that within about five days it disappeared altogether. The patient had no subjective symptoms, fever, cough or breathlessness; on physical examination, however, the affected side still had a slightly dull percussion note and feebly-heard breath sounds. On 30th May the patient left the hospital without permission.

More than a year afterwards I happened to meet the patient. He told me that he had experienced absolutely no trouble afterwards; and had been perfectly normal ever since. I examined his chest and found it quite normal. I consider that this man was permanently cured of his empyema by aspiration alone.

I am indebted to K. S. Dr. Muniruddin, Civil Surgeon, Mianwali, for his permission to publish these notes.

[*Note.*—Empyema necessitatis is defined as an empyema in which the pus burrows externally, producing a subcutaneous abscess which finally ruptures and results in spontaneous cure without operation. This case does not therefore quite fulfil the requirements of this definition.—Ed., *I.M.G.*]

A TREATMENT OF ACUTE INTESTINAL OBSTRUCTION

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Acute intestinal obstruction occurs so suddenly and the patient is so ill that transportation to a large hospital is frequently impossible.

Under these circumstances any measures that can help the patient are deserving of consideration and trial.

The following method is perhaps not extensively known :—

According to St. Leger Brockman, as quoted by Maingot in his *Management of Abdominal Operations,* the toxæmia following intestinal obstruction or ileus is due to the absence of bile and pancreatic secretion from the intestines. This condition arises owing to the frequent vomiting that occurs in these cases.

The treatment recommended is rectal injection of human bile two or four ounces in normal saline repeated four hourly until all signs of toxæmia have improved.

Human bile is, practically speaking, not available and the patient's own vomited matter may be collected, strained through muslin, diluted with a little saline and injected into the rectum, or alternatively ox bile may be used.

Recently, a case of acute intestinal obstruction has been under treatment here and, as operation was considered unwise, this method of treatment was used with extremely satisfactory results.

I append a few notes.

In this station, as this is an orthodox Hindu state, ox bile is not available and sheep bile was used instead in addition to the patient's own vomitus.

S. A., aged 25, admitted late on 13th February, 1934, with a history of complete stoppage of bowels of twenty-four hours' duration. The abdomen was much distended, tender and attacks of acute colicky pain were frequent; distended coils of intestine were visible.

Enemata, repeated, produced no improvement.

14th February.—Vomiting started in the morning and also severe hiccough. During the day turpentine stupes, hot water bottles, atropine with strychnine, eserine and pituitrin were all tried but no improvement occurred.

At 9-15 p.m. the general condition of the patient became very bad, and marked toxæmia supervened. Hiccough became very troublesome and vomiting was very frequent. The patient complained of great thirst. The abdomen became much distended and the patient was sweating profusely; pulse 112 per minute. At this time three ounces of vomit strained through layers of muslin diluted with two ounces of tap water was injected slowly into the rectum.

At 10-45 p.m. the pulse had improved, the hiccough ceased and the patient began to sleep.

By 11-10 p.m. the vomiting had ceased and the patient slept soundly.