A CASE OF SURGICAL EMPHYSEMA—OPERATION, RECOVERY.

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A FUSILIER was admitted to the Military Hospital, Shorncliffe, on March 5, with a history of having fallen on to a footscraper while carrying a sack of coal. He fell with the right side of his chest across the scraper. When seen by the Orderly Officer he complained of pain in the right chest, especially on breathing; crepitus could be elicited over the seventh rib, and there was a slight amount of emphysema present in this region. He was strapped and put to bed. When I saw him the next morning he was in considerable pain, and the emphysema had spread all over the right side of the chest and up the right side of the neck. Temperature 100·8°F., and pulse 100; respiration 28. There had been no hæmoptysis. He had a very troublesome cough but was bringing up nothing. No crepitus could be felt.

The following morning his condition was considerably worse, the emphysema had now spread to the other side of the chest, front and back, into the neck on both sides, and his face was also involved, both eyes being almost closed. The cough was much worse and he was in great pain. The strapping was removed. Temperature 100·8°F., pulse 100, and respiration 28. The next day the emphysema had spread still more, and now both eyes were completely closed; the face, chest, both sides back and front, the right arm and hand, and the left arm as far as the elbow were involved. Temperature 101·8°F., pulse 112, and respiration 28. His condition was now desperate, and it was obvious that if something radical was not quickly done he would die. It appeared almost certain that one or both ends of the fractured rib was sticking into the lung and holding it open. He was taken to the theatre and anaesthetized, very light anaesthesia being obtained. In spite of this, however, when no more than the skin incision had been made he stopped breathing and appeared dead. Artificial respiration, strychnine and oxygen, however, revived him, and the operation continued without further trouble. A flap was turned up below and behind the right nipple, and the sixth, seventh and eighth ribs exposed. It was found that only the seventh rib was fractured, and that the end of the posterior fragment was sticking into the lung and holding the wound open. The periosteum was divided on the anterior surface of the rib and separated from the rib in front and behind. The fractured ends together with about three inches of the rib were removed. The wound in
the lung and pleura was then stitched up with thin catgut, and the external
wound closed without drainage. Two hours later the patient's condition
showed a marked improvement. Morphine one-sixth grain and atropine
1/100th gr. was ordered four-hourly.

The following day the patient was much more comfortable. The breathing
was easier and only an occasional cough troubled him. Temperature 99°F.,
pulse 88, and respiration 24. There was no further spread of the emphysema,
except that the scrotum was found swollen, but this I think undoubtedly
existed before, and was overlooked.

My further notes on the case are as follows: March 10, the right eye is
open to-day, and his general condition is very much improved; the cough
is less frequent. Temperature 100°F., pulse 98, respiration 24. March 11,
emphysema is generally subsiding, left eye is now nearly open, cough
less. Temperature 100°F., respiration 24. March 12, both eyes fully
open; emphysema much less everywhere. Wound examined to-day; quite
healthy and healing. Temperature 99°F., pulse 80, respiration 24. March
20, all emphysema gone. Wound healed and stitches out. Temper­
ature normal, pulse and respiration normal. From this time onward
the patient progressed rapidly, and was eventually discharged from hospital
to furlough quite fit in every way.

The chief points of interest in the case are, I think, the rarity of the
condition, the extreme extent of the emphysema, and the rapidity with
which the symptoms were relieved by operation.

My thanks are due to Dr. B. E. Laurence, C.M.P., for the very able
way in which he gave a most difficult anaesthetic, and also to the Officer
Commanding Military Hospital for permission to publish the case.
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"GREEN URINE."

By Major J. E. M. Boyd, M.C.
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One day during last hot weather, a fusilier of the Royal Welsh
Fusiliers was sent up to the British Station Hospital, Multan, by the
assistant surgeon doing duty in the defensive post.

He brought with him a bottle containing a bright green fluid which he
stated to be some urine which he had passed that morning, he also stated
that several other men in his platoon were similarly affected. No reason
could be given by him for this. At first it was thought to be bile, and
the outbreak of some new and terrible disease was considered. The fluid
was tested and found to be urine, but it contained no bile salts.

The man was then asked to produce a fresh sample in the presence of
the medical officer, and after hiding behind a door for a short time, he
produced a sample of normal urine. He was kept under observation for