middle and lateral part of the thorax ought to be made, that the blood may be freely discharged. In caſe of a rib being fractured, or a vesſel ruptured, the inciſion ought to be made as neat as poſſible to the part affected, to allow the blood to eſcape, and looſe pieces of bones to be removed.

The diſcharge of air into the cavity of the thorax pro­duces ſymptoms little leſs alarming than thoſe proceeding from the effuſion of blood. In general they are, oppreſſion in breathing ; a tightneſs of the breaſt, attended with pain ; inability to breathe in the recumbent poſture ; a flushing and ſwelling of the face ; a feeble, and at laſt an irregular pulſe : The extremities become cold, and cold ſweats break out on the forehead. With these ſymptoms there is fre­quently a ſwelling over the external parts of the body, by air getting from the ruptured lungs into the common cel­lular ſubſtance ; and all these complaints increaſing, the patient, if not quickly relieved, ſoon dies ; ſometimes in a few hours, with marks of ſuffocation.

Air may be produced in the cavity of the thorax by wounds in the lungs, by mortification generating air in any of the thoracic viſcera, by eroſion of ulcers, by lacera­tion in conſequence of fracture in any of the bones of the thorax.

We diſtinguiſh this from other collections by the ſudden oppreſſion in breathing, by the flushing of the face, by no blood being thrown up, and by the emphyſematous ſwelling of the cheſt and other parts, which has a crackling noiſe upon being preſſed.

The treatment of this complaint conſiſts in making ſmall punctures in the affected part of the ſkin, ſo as to allow the air to eſcape from the cellular ſubſtance ; and if the air ſhall have ſpread to diſtant parts of the body, it will eſcape moſt readily by ſuch openings. But if this give no relief to the oppreſſed breathing, paracenteſis ought to be performed. In former times, patients labouring under ſuch ſymptoms were almoſt conſtantly left to their fate. Within theſe few years, however, ſome caſes have occurred where the patients have been completely relieved by an operation being per­formed. This is done in the ſame way as in the evacuation of other fluids.

Purulent matter is more frequently collected in the tho­rax than any other fluid : it is much more frequently form­ed, however, than confined there. As the matter is uſually ſpit up as faſt as it is generated, in the diſſections of those who have died of this species of conſumption, much extra­vaſated pus is rarely found in the cavity of the thorax, though a great portion of the lungs be deſtroyed. Caſes not unfrequently occur, however, which require the opera­tion ; and theſe may be diſtinguiſhed by the following ſymp­toms : The patient at firſt generally complains of a fixed pain in ſome part of the thorax, attended with heat, quick pulſe, and other ſymptoms of inflammation ; reſpiration be­comes oppressed ; he is unable to lie on the ſound ſide ; or, if both ſides be affected, can only lie on his back ; has a constant tickling cough, clammy ſweats, frequent rigors or shiverings. If theſe ſymptoms be attended with an en­largement of the affected side, or with a ſoft cedematous fulneſs there, and, along with theſe, if there be a ſenſible undulation of a fluid, it may be concluded that a collection of matter is formed. The matter is commonly firſt formed in the ſubſtance of the lungs, and is afterwards discharged into the cavity of the pleura, though in many inſtances large quantities of purulent matter have been found to ori­ginate from an inflamed ſtate of the pleura.

The operation ought to be performed as ſoon as there is evidence of the collection being the cauſe of the op­preſſed breathing, and that there are no ſigns of this be­ing relieved by expectoration. The operation ought to be done upon the part where the collection is ſuppoſed to be ſituated ; and this may be known by the ſeat of the previ­ous pain, and perhaps by the matter being diſtinguished between two of the ribs. If no matter flow, it is probably ſeated in the ſubſtance of the lungs ; but even in this caſe, ſuch an opening may be uſeful, by taking off the ſupport, and giving the absceſs an opportunity of bursting. If the undulation of the fluid be general, the operation is to be per­formed in the following manner : The patient is to be laid in an horizontal poſture, with the affected ſide inclining a little over a table. An inciſion is then to be made with a ſcal­pel through the ſkin and cellular ſubſtance, between the sixth and ſeventh ribs, and half way between the ſpine and ſter­num, from one to two inches in length, and in the direction of the ribs. The muſcles are then to be cut through, keeping as near as poſſible to the upper edge of the inferior rib to avoid wounding the intercoſtal veſſels and nerves. As there is no occasion for the bottom of the wound being of the fame length with the external inciſion, it may be gradually con­tracted, ſo as at laſt to be only about the half. The pleura being now expoſeſt, is to be divided by flight ſcratches, ta­king the aſſiſtance of a furrowed probe to prevent the lungs from being injured, in caſe they ſhall be found adhering to the ribs. If the contrary takes place, the fluid will rush out immediately upon a ſmall opening being made into the cavity of the thorax ; but if an adheſion appear, and if it be slight, which may be known by the introduction of a blunt probe, as much of it may probably be ſeparated as to allow the fluid to eſcape. In caſe it be conſiderable, the inciſion is either to be continued a little nearer to the ſternum, or an attempt made in ſome other part. After the fluid is obſerved to flow, it will be proper to introduce a ſilver canula, fig. 69. at the opening ; by which means it will run more readily off, or can be more eaſily flopped in caſe the patient become faint. If the quantity of fluid be not conſiderable, it may generally be drawn off at once ; but if it be great, partial evacuations ought to be made at different intervals, as cir­cumſtances may direct.

The canula therefore ſhould be ſo formed, that by means of a ſtrap put round the body of the patient, it can be readily ſecured. Its mouth is to be ſhut by means of a cork. A pledget of emollient ointment is to be laid over the wound ; and the whoſe being fixed by a napkin and ſcapulary bandage, the patient ſhould be laid to reſt. The remainder may be drawn off, probably in a day or two, or as ſoon as it is ſuppoſed the patient can bear it. After the fluid is carried off, the canula is to be withdrawn and the wound healed ; or in caſe the operator be afraid of bad effects being produced upon the lungs by irritation from the canula, though of this there will be little danger, as the lungs will generally be out of its reach, the ſkin may be ſo drawn back before the firſt inciſion is made as after­wards to ſerve the purpoſe of a valve. And for ſome days after the operation, the inciſion in the integuments may be brought oppoſite to that in the pleura, to allow the matter to run off, or to produce a radical cure by exciting a cer­tain degree of inflammation over the lungs and inside of the thorax.

After the matter is evacuated, the wound ought to be kept open a conſiderable time for the purpoſe of discharging the matter as faſt as it is collected. If the wound be apt to heal up too ſoon, which will be known by the ſymp­toms of oppreſſion being renewed, it will be proper to keep the passage open by tents, or to introduce a bougie or silver canula a few hours occaſionally, till the ſource of the matter be dried up ; which, however, ſeldom happens for a conſiderable time, and frequently never. By attending to this circumſtance, the patient may enjoy good health ; where­