

**THE TREATMENT OF WOUNDS OF LUNG
AND PLEURA, BASED ON A STUDY OF
THE MECHANICS AND PHYSIOLOGY OF
THE THORAX. ARTIFICIAL
PNEUMOTHORAX - THORACENTESIS -
TREATMENT OF EMPYEMA**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649146659

The treatment of wounds of lung and pleura, based on a study of the mechanics and physiology of the thorax. Artificial pneumothorax - thoracentesis - treatment of empyema by Eugenio Morelli

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Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

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EUGENIO MORELLI

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AND PHYSIOLOGY OF THE THORAX.
ARTIFICIAL PNEUMOTHORAX—THORACENTESIS—
TREATMENT OF EMPYEMA

By

PROFESSOR EUGENIO MORELLI

ASSISTANT IN THE MEDICAL CLINIC OF THE ROYAL UNIVERSITY OF PAVIA,
MAGGIORE MEDICO, FIELD HOSPITAL No. 79

TRANSLATED FROM THE ITALIAN BY

LINCOLN DAVIS

FORMERLY LIEUTENANT-COLONEL, M. C., U. S. ARMY

AND

FREDERICK C. IRVING

FORMERLY MAJOR, M. C., U. S. ARMY

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BOSTON
W. M. LEONARD, *Publisher*
1920

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By W. M. LEONARD

A LETTER FROM THE AUTHOR TO THE TRANSLATORS

DEAR COLONEL:

When you kindly suggested that you and Captain Irving should undertake a translation into English of my work, "The Treatment of Wounds of Lung and Pleura," I assented with great pleasure. It is most gratifying to me to have our ideas diffused in your great country. An intellectual exchange will bring our peoples to a more intimate knowledge of each other and will bind closer those bonds of affection which were formed on the fields of battle. It is well now to cultivate in common the forces for the resurrection of good, as we previously united for the destruction of evil.

It gives me especial pleasure that you and the Captain desire to translate my book, since you have witnessed, examined, and assisted in our work, you have seen the application of the method, studied the technic, and followed the results, but above all because it seems to me that nobody could better than you and the Captain, who in the midst of dangers assisted our wounded with admirable devotion, translate into a book the spirit of ardent but sorrowful zeal which agitated my mind at the time I was writing it. Nobody could better than you make felt in the great country of America, not only a little of our intellectual life, but the high ideals with which we entered the great war.

In promulgating in your great country the treatment of wounds of the lung by means of artificial pneumothorax, the ultimate contribution of my Maestro, the late Professor Forlanini, I am pleased to recall that it was to the great credit of an American scientist, Dr. John B. Murphy, who had conceived and applied therapeutic pneumothorax almost contemporaneously with Professor Forlanini in ignorance of the latter's discovery,

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that he rendered the honor of priority to the Italian Maestro with true scientific honesty and elevation of mind.

It is true that it is the intellectuals who set the moral stamp of the people to which they belong.

Accept the gratitude of your affectionate

EUGENIO MORELLI

ZONA DI BASSO PIAVE — Ospedaletto da Campo N. 79.

TRANSLATORS' NOTE

THE translators of this little volume have enjoyed the privilege of being near neighbors and close observers, during the closing weeks of the Italian campaign, of Ospedaletto 79, attached to the 11th Corps of the Italian Army, directed by Major Eugenio Morelli, and devoted exclusively to the treatment of wounds of the lung and pleura. We have had the opportunity of studying some hundred of these cases treated by him during the final actions on the Piave and its vicinity, between October 24 and November 4, 1918. The novelty of the method employed, its simplicity, and painlessness, was striking; and the splendid results obtained were most convincing. From interested sceptics we were soon converted to enthusiastic adherents.

Major Morelli has developed to a high degree of efficiency a system of team work and technic which added to his diagnostic acumen, profound knowledge of the physiology and pathology of the thorax, and eternal vigilance in the after care of his patients, make up the important factors of his great success. Believing that his work is but little known or appreciated outside of Italy, we have undertaken a translation into English of his recent book on the subject.

The great war is ended, and the question of how to treat the distressing and serious war wounds of the lung is happily no longer a pressing problem. However, there will remain the occasional penetrating thoracic wound of civil practice, and especially those important and common diseases, pleurisy with effusion and empyema, in which the principles set forth in this book are of practical and vital interest.

There could be no doubt in the minds of any one who had seen Morelli's cases, of the far-reaching and beneficent effects

of his artificial pneumothorax treatment in wounds of the lung; that it prevents and controls hemorrhage, facilitates the closure and healing of the pulmonary wound, and obviates crippling adhesions, is beyond question.

If this method gives the best results, and none are known to us which will compare with them, then it should be accepted by all broad-minded surgeons, even if the method seems to some to be "unsurgical." Its acceptance involves no surrender of surgical principles; the method is not antagonistic to surgery, but should be combined with it. The wound of the chest wall may and should be treated according to the accepted surgical principles of debridement and closure when feasible, under local or gas-oxygen anesthesia. If on account of lack of tissue, or for other reasons, suture cannot be performed, Morelli's ingenious hemothorax bag is an extremely efficacious, rapid, and safe method of closing an open wound of the thorax. Its use at Dressing Stations and Triages, as he says, would doubtless have saved many lives.

As to extraction of the missile, this is indicated when of appreciable size and accessible in the chest wall, also, as Morelli specifically states, when its presence in the free pleural cavity can be determined. On the other hand, when the missile lies in the tissue of the lung, Morelli is emphatic in his insistence that it will cause no trouble if the proper pneumothorax therapy is carried out. Here only he is in flat opposition to the school of radical surgeons. It must be confessed that the leaving in the lung of an irregular shell fragment of any size, with its probability of bearing infected clothing, is contrary to surgical instinct. Personally we have seen a number of cases, and these mostly of shrapnel ball wounds, in which the missiles were retained in the lung without harmful consequences. The number of cases observed, however, was perhaps not sufficiently great, nor the length of time of observation sufficiently extended to permit of absolute conclusions.

One of us has long been interested in the treatment of empyema, and has struggled with various methods of securing drainage combined with aspiration. Major Morelli's ingenious and practical device combining graduated aspiration, or compression, with irrigation, is by far the best we know of; why

it was not thought of years ago is a mystery. We believe it is destined to have a very wide field of application in the future.

LINCOLN DAVIS

Lieutenant-Colonel, M.C., U. S. Army

FREDERICK C. IRVING

Captain, M.C., U. S. Army

FIELD HOSPITAL NO. 331
AMERICAN EXPEDITIONARY FORCES
LIMBRAGA, ITALY
January, 1919