

All cases except those mentioned as having diarrhoea were more or less constipated.

In conclusion allow me to express my full sense of the defectiveness of this sketch. I hope the Society will excuse its short-comings and consider the very brief time allowed me for its completion.

[We beg to say the writer had no idea that his paper would be printed, and had no opportunity to correct the proof.—Eds. D. M. J.]

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### Selected Papers.

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On the Management of Lumbar and Psoas Abscess.

By CHARLES F. TAYLOR, M. D.

Read before the New York Medical Journal Association, December 17th, 1869.

(Concluded.)

To go back once more to the period of my first experience with abscesses.

I ascertained, as before said, that a certain number of abscesses would disappear soon after the application of the spinal assistant, which I had contrived for these cases, but I was not always so fortunate. Cases would present themselves with disease of the spine, complicated with large, long standing abscesses, and these gave me the greatest anxiety. Having seen the disastrous consequences of non-interference, I called Dr. Van Buren in consultation in my next important case; and it is due to candor to say, that it was from him that I got my first clear ideas of the injurious consequences of retaining a reservoir of pus in the soft parts. Dr. Van Buren advised the removal of the pus by the trochar, so soon as there was any considerable quantity, and repeating the operation as often as the cavity became filled again. He regarded the exclusion of air an important point, but the relieving of soft tissues from the destruction of their vitality, by the pressure of an accumulating abscess, of still greater. He correctly pointed out to me that from the lowered vitality of the parts adjacent to the abscess, they might become degenerated, and by secreting pus, in turn add a drain to the system, of more injury than the original source in the bodies of the vertebræ. For some time I used the trochar in accordance with Dr. Van Buren's recommendations; being careful always to use compression and endeavor to diminish, if not obliterate the reservoir. This operation was repeated as often as it was necessary to prevent any large accumulation of fluid. I was well satisfied with the results.

But the use of the trochar has its drawbacks. Besides being excessively painful, especially when repeated several times, many abscesses cannot be evacuated through the canula. An old abscess is apt to be filled with shreds of disintegrated muscle, fibrinous substances and cheesy matters, which effectually block up the largest canula. Fearing still to use the knife, which has been so much condemned in such cases, I found the use of the trochar, which gave satisfactory results in some cases, fail in others. My path was thus partially blocked up till accident opened the way. Having a delicate and strumous child, with a lumbar abscess reaching far out on to the floating ribs, she was chloroformed and the trochar plunged in. But no pus came. The canula was filled with shreds of disintegrated tissue. The skin was thin and tender, and on removing the tube, the matter followed, and the abscess was freely evacuated. Pressure was made by a compress over the abscess, except the outlet, which was left free, and securely fastened by adhesive strips.

The discharge continued for three weeks and then dried up. There was not the least constitutional disturbance.

Encouraged by the results in this instance, the next case was treated by a free incision and opening into the abscess, and this has been my unvarying practice ever since. Prompt evacuation of the contents of an abscess on its first appearance, by a free incision in the most dependent part, so as to secure complete egress of the fluid; firm and persistent pressure over the cavity, greatest at the circumference, and allowing the opening to be free; a few days of quiet of the patient, and increased vigilance in protecting the spinal column; this for the past five years has been my practice in the management of lumbar and psoas abscess. And I can say with emphasis, that in no single instance has there been the slightest constitutional disturbance or the least indications of the calamities which I had been led to expect. As my experience has been entirely uniform in this respect, I am led to the conclusion that it is the treatment to the spine, the drying up at its source of the cause of the abscess, and leaving little or nothing but the local trouble to be dealt with, which has made the difference between the experience of other surgeons, who have confessedly not contemplated the arrest of the caries in the vertebræ, and my own. With adequate protection to the diseased vertebræ, one may lay open a newly formed abscess with impunity. The danger from the contact of air only occurs when the acrid, decomposing substance from the disintegrated bone is passing through it. If this