

disposal for dealing with all old sinuses.

I have recently tried it in one case, which I believe is the result of disease of the spine, and although I am not quite sure that the sinus is entirely cured, yet the discharge, which had previously amounted to about half an ounce per day, is now reduced to a drop or two per week, there being none at all for days at a time. Moreover, the patient expresses herself as feeling much improved both locally and generally.

#### REPORT OF CASES.

*Case I.*—Some twenty years ago while practising in Toronto, a boy sixteen years of age came under my care in the Home for Incurables, who had been sent there from Toronto General Hospital because of his serious condition and because he had been an inmate of the latter for one year, which was as long as a patient was allowed to remain there.

His father had died of phthisis when he was four years of age. He had been suffering from spinal disease for about two years, and had been paralysed in his lower limbs for some months. To add to his misery he had developed disease of one tarsus, and discharging sinuses had formed in connection with this part. He had also some cough, and there was much loss of flesh. His chief cause of complaint when I saw him was the fact that his legs would jerk when he fell asleep, and the pain thereby caused in his sore foot was extremely severe.

In the first place I did a Syme's amputation, which healed by first intention, and he was much relieved by this. I also gave him cod liver oil and plenty of good, nourishing food. After some time the paralysis began to disappear and about the same

period a fluctuating swelling showed itself in the mid-dorsal region, a little below the prominent vertebrae. This I aspirated, removing about twelve ounces of purulent fluid. After three or four weeks it was necessary to repeat the aspiration. Subsequently a leather jacket was put on and in a few weeks he was allowed to get up on crutches.

His cough continued for several months and was accompanied by more or less bloody sputa. Ultimately, however, he got quite well and went to work.

*Case II.*—A. B. Female. Age 44. Tailoress. Menopause four years ago. Always spare in flesh and more so of late than usual. Five months ago began to suffer from severe pain in right arm and elbow. Recently the same kind of pain has appeared in left arm. From the first there has been an ache in the back of the neck, about on a level with the top of the scapulae. She had been treated for rheumatism or neuralgia.

When I saw her on April 27th, 1897, I found some stiffness on moving neck, and a soft, deeply fluctuating swelling on the right side above the outer part of the clavicle. I put in the needle of an aspirator and drew off two ounces of pus. I directed rest on her back, with a sand bag on either side of the head and neck. I also advised her to take cod liver oil and Fells' hypophosphites, and eat plenty of cream and raw eggs.

The pains became less severe after this, but by May 22nd the abscess had re-formed and I aspirated again. By August the pain had completely gone, though some stiffness of the neck remained.

Up to the end of the year she kept on her back most of the time, but soon after that she began to go about,