

impossible ; besides, many of us have no spray-producers at all. I look on antiseptic surgery as the æsthetic treatment of the day, but not at all absolutely necessary, and that the *strict* Listerian routine practice will, in the near future, have lost many of its admirers. Dr. Campbell of New York arrived at the following conclusions in a report published in the *Lancet* for Jan., 1879 : “ That to operate early is absolutely necessary in order to insure a *possibility* of recovery. To make a free incision to insure thorough drainage. Not to allow the wound to close until the discharge ceases, and to keep the cavity cleansed and disinfected.”

To operate early by making a single free incision I believe to be the most judicious treatment ; say after having aspirated once or, at most, twice, the matter again accumulating. And if I had introduced the drain-tube earlier in my case, I have no doubt but that I would have had a similar result at a proportionately earlier date. To *operate early*, though the better treatment, is not *absolutely necessary* for the *possibility* of recovery ; but to keep the wound open until all discharge ceases I believe is.

I chose the intercostal space immediately below the angle of the scapula, as necrosis would less likely be produced in this position if much retraction of the chest occurred. Dr. Cheadle objects to this position, giving as his reason that there is often swelling, suppuration, and local abscesses due to injury of the muscles with the friction, heat and pressure caused by the patient lying on his back. None of these conditions occurred in my case, and I think such could be avoided by following the plan I adopted, viz., to inject slowly all the fluid the cavity will contain while the patient is in a sitting posture ; allow it to remain there for a few moments, the patient changing position, and when you wish to empty it, let him lie on his back and immediately the fluid injected escapes through the drain-tube ; repeat until the fluid escapes quite clear. Dress the side, and the patient can now assume any position he may please, and thus obviate the necessity of constantly lying on the back in order to establish free drainage, for when this is repeated twice daily very little matter can accumulate, even if the patient does not assume the dorsal position at all.