

had requested, and that she had been put upon twelve drops of deodorized laudanum, which was repeated every twelve hours. Under this treatment and generous diet, at the end of two weeks, she had greatly improved; the hectic fever had ceased, and the temperature was reduced to 99°. At the close of another fortnight, Sayre's plaster jacket was applied, and, in another four weeks, she was making herself useful in the ward.

The opening of the lumbar abscess closed on the 27th of July, and the plaster dressing was discontinued on the 1st of November. For the past seven months the discharge from the psoas abscess has diminished to from one to two drachms of pus daily, and it is doubtless kept up by an imprisoned necrosed piece of the body of a vertebra, which it is, of course, impossible to reach. In other respects the child is perfectly well.

The management of abscesses dependent upon caries of the vertebræ has always engaged serious attention, since they are the most common causes of a fatal issue in angular curvature of the spine, from the constitutional disturbance which ensues upon their spontaneous or artificial evacuation. While it is true that small collections of pus, particularly those seated in the dorsal region, are occasionally absorbed, of which occurrence I have met with one example in this hospital, it is equally true, that lumbar, iliac, and psoas abscesses generally attain large dimensions, and their tendency is not to a cure by resolution, but to death from hectic irritation, septicæmia, or pyæmia.

With the view of preventing consecutive fever it is customary to open spinal abscesses by a valvular incision or by pneumatic aspiration, the object being to avoid the admission of air into their interior, under the idea that the reaction is due to the passage into the blood of the putrid material engendered by the contact of the air with the pus. Acting upon this theory, I was formerly in the habit of resorting to subcutaneous puncture; but the uniformly bad termination of my cases led me to abandon the practice. No better results attended the aseptic method in my hands. In a case of psoas abscess connected with disease of the last dorsal and first lumbar vertebræ, and of which I show

you the specimen, the pus was evacuated under lint saturated with carbolized oil, and the free opening afterwards kept covered with carbolized paste spread upon tinfoil. The patient, a woman twenty-five years of age, rapidly succumbed. In another case of abscess presenting itself in the loin, and treated in the same manner, the result was identical. Under the old plan, in which air was excluded from the sac, hectic always set in; while, under the more modern method, notwithstanding the employment of a powerful germicide in the two instances in which I resorted to it, a fatal systemic disturbance ensued. From the fact, then, of irritating fever occurring, whether air was admitted or not, I was led to question the accuracy of the atmospheric explanation of the dangers of opening spinal abscesses; and I now altogether discard the theory that the entrance of air is the cause of the untoward symptoms.

That putrid changes are not set up in pus by the contact of the surrounding air is strikingly shown by what is known as the open-air method of treating recent wounds, such as those made in amputation, or in the excision of morbid growths, of which you have recently had a good illustration in the case of lymphoma removed from the axilla. In empyema with pneumothorax, in which the inspired air is intimately mixed with the pus, there are no signs of septicæmia from the absorption of the mixture. So also in instances of pyothorax, after the matter has been let out by free opening, experience shows that putrid changes do not occur in the fluid that remains behind. Reasoning, then, from analogy, it is difficult for me to comprehend why the innocuous atmospheric air should be held to be the cause of ill effects of evacuating spinal abscesses.

If the hypothesis of putrid changes in the cavity of the abscess from the admission of air be abandoned, in what manner are the evil symptoms to be explained? In the elucidation of this question, I feel convinced that we must look to acute inflammation of the sac of the abscess, induced by the loss of support of its walls, through which rapid nutritive changes ensue from diminution of the resistance of its vessels to the increased pressure of the blood,