

be called the ordinary way, but to throw in such a quantity of fluid as will distend the abscess-sac in all its parts; and this procedure we speak of as hyper-distension of an abscess-cavity. In this manner, abscesses complicated in the way I have mentioned may be cured as effectually as are those in which we have to deal with a single cavity.

The operation may be performed whilst the patient is under the influence of ether, or the integuments may be frozen by the ether-spray. The following are required:—A scalpel where an incision is needed, no open sinus existing; carbolic acid lotion (one part in twenty) diluted to one in thirty by the addition of warm water before using it; a perforated elastic drainage-tube; carbolised oil (one in twelve) on lint for dressing the wound, and gutta-percha tissue for covering this; some ordinary adhesive plaster; some tenax to receive any subsequent discharge (which, however, is very slight); an ordinary two or four-ounce syringe. When it is desirable to make continuous pressure over an abscess after opening it a pad shaped to the needs of the case, and filled with shot, will be found useful. It acts more effectually than a sand-bag, and is easily made and adapted.

The operation is begun by cutting into the abscess (if no sinus exists), the opening made being of sufficient size to admit one of the fingers. The pus is then allowed to escape, the abscess being emptied as completely as possible. The nozzle of a syringe is next passed through the opening, and the skin is drawn closely around it by the operator with his left hand; the contents of the syringe are then passed into the abscess-sac. Care must be taken in doing this, that no pressure is made upon the abscess wall, or the distension of the sac will be incomplete. Either by using a syringe which throws a continuous stream, or equally well by closing the wound with a finger whilst the syringe is being refilled by an assistant (very little fluid being lost in its reintroduction), the abscess-sac will presently distend quite to, or even beyond, its original size; and, under these circumstances, the carbolised water necessarily finds its way (as a rule, which has few exceptions) into all parts of the cavity, however irregular, and along any channels leading from it. When the abscess has been opened, the amount of injection may be roughly measured as being rather in excess of the quantity of pus let out. When distension has been effected, the fluid is allowed to escape, and, if much pus be mingled with it, a second injection may be practised. An elastic drainage-tube, its size varying with that of the abscess, is then inserted and secured, and over the end of this, and over the wound, a piece of lint, twice folded and soaked in carbolised oil, is laid. This is covered with a sheet of gutta-percha tissue and some tenax, and these dressings are secured with some ordinary plaster.

Subsequent treatment consists in the renewal of the dressings, which, to myself, it seems desirable to see to daily. The drainage tube is gradually shortened as the abscess-wall contracts, and through its canal, if there be any sign of puriform discharge, a little carbolised water may be occasionally injected.

It is scarcely necessary to add that, under this treatment, the discharge of pus ceases; a limpid serous fluid in small quantity drains away, and presently only a sinus remains; that is, in cases in which there is a persistent source of irritation. These are facts which surgeons have already described.

The point I wish to bring before the Section is, that by hyperdistension of an abscess-sac the carbolised water can be forced into cavities complicated and irregular, and that treatment can thus effect for such complicated abscesses (amongst which may be classed cases of empyema) the same result as an ordinary injection will ensure with a simple abscess.

As for the result of this treatment, so far as bone-caries is concerned, my observations do not at present allow my drawing any absolute conclusions; but that the abscesses connected with such disease can be emptied and reduced to non-suppurating sinuses, and this without causing the least constitutional disturbance, whilst the health of the patient is improved by the cessation of the suppuration, is clearly established.

I may add that, for these as for other cases, we do not employ the carbolised spray, or adopt any precautions during or after the operation beyond those mentioned, taking care only that the well-established rules for surgical treatment are strictly attended to.—*British Medical Journal*, Nov. 4, 1876, p. 579.

USE OF THE FORCEPS IN FIRST STAGE OF LABOR.

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"The first stage of labor must be perfectly finished before we think of applying the forceps." This is Dennon's fourth aphorism, and is a rule of practice which has held almost undisputed sway for nearly a hundred years. In the present day, however, the motto of the accoucheur may be said to be "Nullius addictus jurare in verba magistri." No truth is considered to be so firmly established that it is taken for granted and allowed to pass without question. The modern accoucheur does not feel bound to swear by a particular rule of practice because it was that of his "old master" at London, Edinburgh, or Dublin, as the case may be, but reserves his judgment until he has had frequent opportunities of testing it for himself by his own experience. This is the case very