

In an article which appears in an April number of the *British Medical Journal* of 1907, F. J. Steward, of Guy's Hospital condemns the use of the aspirator altogether, basing his objections upon two grounds, namely:

(1) Because only the more fluid contents of the abscess can be removed by this method, the lining membrane, which contains many of the bacilli, being left behind; and (2) because the needle track is liable to become a channel for infection both by tubercular material from within and pyogenic bacteria from without. The fact that aspiration not infrequently cures a spinal abscess, shows that it is not by any means always necessary to remove the lining membrane of the cavity, and, judging from my own limited experience, he exaggerates the risks of infection by way of the needle track.

One aspiration is not usually sufficient to obliterate the abscess cavity, it being often necessary to repeat the operation one or more times.

If particles of semi-solid matter block the needle and we are therefore unable to draw off the contents of the sac, we must then resort to an incision, made under antiseptic precautions, and remove the more fluid contents together with the lining membrane. Barker's flushing curette is the best instrument for the purpose, and we may follow either him or Lister in the use of either hot water or a weak solution of corrosive sublimate for the washing out process. The incision is closed at once and dressed antiseptically.

In choosing the site for our incision we should select one as far removed from the genitals as practicable, so as to minimize the risk of contamination from this source.

In case a re-accumulation of pus takes place, the operation is to be repeated, or perhaps it would be better to try the aspirator again, when it may be found that the contents of the abscess have now become so much thinner that they will readily flow through the needle, and thus the more serious operation be avoided.

When there is a piece of dead bone of considerable size in the abscess, it must of course be removed.

When the abscess has opened and we afterwards get an infected discharging sinus which tends to continue indefinitely, we may resort to the new treatment lately introduced to the notice of the profession by Emil G. Beck, of Chicago, which consists in injecting a mixture of subnitrate of bismuth and vaseline, with the addition of a small quantity of white wax and soft paraffine, where it is desirable to have the mixture more solid after it has cooled down to the body temperature, thus rendering it less likely to be prematurely extruded. To ensure asepsis the ingredients are to be boiled while being mixed. After cleansing and drying the sinus as thoroughly as possible, the preparation, at a temperature of about 110 degrees, is gradually but forcibly injected until the remotest corners have been filled. On cooling to the temperature of the body the mixture becomes harder and remains, or is discharged by little and little, the walls of the sinus meantime closing down upon it, and thus the sinus tends to become obliterated.

Usually a number of these injections will be required before a cure is accomplished.

While this plan of treatment does not always prove successful, still it seems the best means we have at our