

question of when to operate? Many cases of pulmonary abscess have healed spontaneously under medical treatment. How long one should wait for such a happy result without imperiling the future prospects of the patient or seriously lessening the chances of the surgeon to bring about a satisfactory result is a very important enquiry to be made.

In cases of long standing the thickened walls of the abscess cavity retard seriously the closing after evacuation and drainage. I have found in some cases I have operated on, that the bronchus opened into the very top of the abscess cavity. The erect position of the patient favours by gravity the development and accentuation of this relation of cavity to opening. Bronchiectasis is another very undesirable sequel.

Before opening an abscess of the lung it is most important to make sure that the visceral and parietal layers of the pleura are adherent at the point selected for the puncture. The presence or absence of these adhesions cannot be determined by the duration of the disease. Eisendrath, from statistics and personal observation, came to the conclusion that they are present in 90 per cent. of cases, but that all tests to determine the point in an individual case are fallacious. Several devices have been resorted to to develop these adhesions. In two cases I adopted the method first suggested by Roux in 1892, viz.: To remove a section of rib and then with a round curved needle to suture the two layers together. If pneumothorax should occur with collapse of the lung, it would probably disappear in a few weeks. If, however, the septic contents of a simple or gangrenous abscess cavity should gain entrance into the pleural cavity, the result might be disastrous.

Intra-cranial surgery gives promise of increased usefulness in the near future. Surgical technique is now such that the opening of the skull may be undertaken with confidence when conditions demand it. It is now not only justifiable but a duty to remove a localised subdural clot from the middle meningeal fornx, also to elevate simple depressed fracture, to remove spicules of bone from the brain and to empty cysts.

Page, in his Presidential address before the Neurological Society, has given instances of great relief following each of these operations, in some instances restoring to a life of usefulness.

One cannot consider the closer relation of Surgery to Medicine without pointing to the increasingly good results attained in typhoid perforation.

There are many complications and sequela of enteric fever requiring the aid of Surgery. I may mention the occasionally widespread infec-