

THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

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TORONTO, APRIL 1, 1879.

TREATMENT OF CHRONIC ABSCESS.

In a recent number of *Le Practicien*, of Paris, Dr. Beckel, of Strasbourg, contributes an interesting article on the treatment of chronic abscess. All surgeons agree in recognising the dangers which result from the opening of chronic abscesses to a free exposure of air. An infectious fever is the ordinary consequence in the first forty-eight hours. The suppuration becomes foetid, the walls do not granulate, and if the patient does not possess considerable powers of resistance, he succumbs to marasmus unless well marked pyæmia happens to terminate the scene earlier. In leaving them to spontaneous opening, in order that they may empty themselves slowly and gradually by a very small orifice, we often avoid the accidents of the outset, because the air does not penetrate into the cavity, but infection rarely fails, sooner or later, to break out in the course of the illness. The source of this accident has always been attributed to the air, but without giving an exact *rationale* of the way in which the air became pernicious. Since the investigations of Pasteur and Lister, we have learned that the microscopic germs floating in the air are the agents of the decomposition of pus, and of consecutive septicæmia. In carefully applying the antiseptic dressings of Lister we can open these purulent collections without fever, and without infection, because the air has been deprived of the septic germs in traversing the numerous layers of carbolic dressing.

Nevertheless, however perfect this method may be in theory, it is difficult to realize it completely in practice, when we have to do with those profuse suppurations which soak rapidly the thickest dressings. If we could obliterate gradu-

ally these purulent cavities without making a permanent opening and running all the risks following it, we should have realised a great advance. This may be done in a great number of cases by combining aspiratory punctures with carbolic lotions. These means are simple and within reach of all. Three conditions are necessary to success; first that the abscess may be completely emptied, and does not enclose clots to block up the trocar; secondly that the carbolic lotion impregnates all the surface of the sac, and thirdly that the abscess is not the result of diseased bone. Even in the last case this method, if it do not radically cure, prepares the way for opening the cyst, and transforming it into a simple fistula. In suppuration of the joints, punctures followed by carbolic washings succeed well, provided that the osseous and cartilaginous surfaces are not seriously affected. The operation is very simple. An aspirator is used both for the purpose of removing the pus, and injecting the fluid for washing out the cavity. The needle is introduced and the pus removed, and without withdrawing it, the instrument is reversed, and the carbolic lotion introduced and again removed. This operation may be repeated six or eight times or as often as necessary, after which the needle is withdrawn and the puncture covered with a piece of adhesive plaster, or a layer of cotton soaked in carbolic lotion, or both may be used. After a few days the cavity is generally filled again with pus and serum, and is again treated in the same way. This is to be repeated until a cure is effected, during which time complete rest of the parts should be maintained.

ONTARIO MEDICAL COUNCIL VS. BRITISH GRADUATES.

We notice in the daily press that certain members of the Executive Committee of the Ontario Medical Council have been at Ottawa, (at their own expense, we presume) to lay before the Government an alleged grievance of which they complain, viz., that British graduates in medicine have by Act of Imperial Parliament, the privilege of practising their profession in any of the colonies of Her Majesty's dominions, upon payment of the registration fees in force in such colonies: and, also, that Canadian graduates in medicine who