

entirely close; a mere sinus will, however, be left, which will not drain the patient to any considerable extent.

As I have said, I do not take extreme precautions to exclude air. At present I am inclined to reserve my judgment as to the value of the carbolic acid treatment, or at least as to the theory on which it is based; it is not yet proved that bacteria are the cause of unhealthy inflammation; and emptying an abscess by aspiration does not prevent the inflammatory process in its cavity. Recent experiments do, however, show that bacteria pass very readily in water, and attached to moist things; and common experience teaches us that infection is much more likely to be carried by sponges and surgical instruments than by mere air. From my own experience, I do not think that air, if only ordinarily pure and dry, is such a poison to surgical wounds as some assert; but, whatever your theory may be, always carefully disinfect all surgical instruments, etc., with boiling water.

Finally, I must qualify my advice with a caution: remember that fluctuation is not always due to pus. Open early all acute or chronic abscesses, but never cut into collections of blood or synovia. A bruise, in ill-conditioned subjects, may be followed by extensive extravasation of blood, causing a fluctuating tumour, which, if deep in the limb, might easily be mistaken for an abscess. If these extravasations be let alone, and treated with cold applications, they disappear, though they may take a long time about it; but an incision into one is generally followed by grave constitutional symptoms. If well-marked signs of inflammation appear you must treat the swelling as an abscess; otherwise never open one.

When you are dealing with chronic suppuration always look out for the chronic cause. The tendency of inflammation is to subside, unless there be a stimulus of some sort present. A man was admitted here some time ago with a deep wound in the gluteal region, caused by falling on a spike; the wound did not heal, and after some weeks, on careful examination, a piece of his trouser was detected at the bottom. So, again, there is a boy with disease of the knee-joint, in my ward, who leg has been saved entirely by attention to position. By extension of the limb, and pushing back the femur, we have greatly reduced the inflammation; and whereas the child was before rapidly becoming worse, he is now as rapidly mending. Always treat such displacements in young subjects early and carefully; mere dislocation of the parts will keep up irritation and suppuration, without the presence of any dead bone.—*British Medical Journal*.