

Her general condition is much improved since the tappings.

I should perhaps mention that when in her "teens" she hurt herself in the lumbar region while lifting a heavy weight and was troubled with back-ache for several years, when it left her and never returned until the time mentioned in the above history. It seems too long after this early injury for the present trouble to have any connection with it, although I suppose it is not impossible.

The patient seems almost too old to develop disease of the spine, but the long time that she felt the pain in the lumbar region, namely, fourteen months, before the abscess showed itself, and its cure by simple aspiration, would tend to confirm that diagnosis. It is not so very uncommon in my experience for tubercular disease to develop after fifty years of age.

*Case V.*—Mrs. T. C. Age 33. Has one child fourteen years old. Has been generally healthy. Two years ago began to have a "lame back," affecting the lumbar region; which has continued to trouble her ever since. Three months ago she noticed a swelling on the upper and inner side of the front of the right thigh. Dr. Dudley, of Hoyt, was soon afterwards called to see her, and has made several visits. He ordered her to keep in bed or lying on a couch, and gave her appropriate medical treatment. The swelling, however, gradually increased, and of late another has appeared above Poupart's ligament. I visited her about eight miles from the railway station with Dr. Dudley, on May 4th, 1909. She did not look ill and had not lost much flesh. The pulse and temperature have been normal. On examination I found a prominent fluctuating swelling three or four inches in diameter, two or

three inches below the right groin on the anterior inner aspect. Also there was another non-prominent one in the pelvis just above Poupart's ligament, which evidently connected with the other. No deformity of the spine. I tried to aspirate the lower one through a rather large needle, but only a few ounces of pus came away when the needle became blocked. Next day she was driven to the railway station and brought by train to the private hospital at Fredericton. I there opened the lower border of the swelling in Scarpa's triangle, letting out about thirty ounces of pus, and by the use of Barker's flushing curette and the finger I removed as well as I could the lining membrane of the cavities. I found that the pus had burrowed deeply to the inner and posterior side of the thigh, this cul-de-sac holding about eight ounces. Some particles of dead bone were seen in the pus. The finger passed beneath the femoral vessels up into the pelvis. A one in ten thousand solution of bichloride was used to flush out the cavities. Then I sutured the wound with silk-worm gut, just catching up the very edge of the sac, and applied some absorbent cotton impregnated with iodoform, which was secured in place with collodion, so as to guard more effectually against contamination from the urine or menstrual fluid. Outside of this I put on some iodoform gauze and strips of plaster.

A week afterwards the dressing was changed for the first time and stitches removed. The wound had all healed and the parts looked well. The menses had come on three days before. She said she felt much better than before operation.

As she was anxious to leave hospital to save expense and seemed to be