

source can be dried up, as I broadly assert that it can be in a majority of cases, we have nothing left but the reservoir with the vitality of its walls and subjacent tissue, more or less impaired, according to the pressure which has been exerted upon them, or the length of time they have been corroded by contact with unhealthy fluids, to deal with.

And here I come to my third proposition, which is this: The chief danger of a lumbar or psoas abscess arises—all other things being equal—from the neglect of it rather than from the fact of it.

My experience seems to have completely demonstrated that even in those cases—and they are few—where it is impossible to so far arrest the disease in the vertebræ as to prevent a discharge, if this discharge is prevented from accumulating, by an early and free opening of the reservoir, and the tract of the discharge is reduced to a simple sinus, which furnishes outlet to the fluids, there is no danger to be apprehended. On the contrary, there is positive relief to the spine, and an acceleration of reparative action to have a free outlet to the fluids, resulting from the morbid process going on there. The case has not yet occurred in my experience, where the opening of an abscess at any stage, has been attended by anything but relief to the patient, even when it has been delayed so long that there was a continuous discharge afterwards. But whether there be a continuous discharge after the opening of an abscess, or whether it rapidly dries up, depends almost entirely on how long the abscess has been allowed to remain to the injury of the tissues it lies in contact with. Our records show scarcely a single case where the abscess was opened in accordance with the principles above laid down, that the discharge did not gradually diminish, and finally cease altogether, without any of the constitutional irritation so generally feared. On the other hand, there is generally a marked improvement in the patient's condition, directly traceable to relief from the disturbing influence of accumulating fluids.

It is particularly desirable to remove the contents of an abscess situated over or near a bony tissue. An abscess over the sacrum, for instance, in a very short time, will so corrode the surface of that bone as to set up a new osseous disease, a new constitutional disturbance, and an independent drain on the system. I repeat that the neglect of these abscesses constitutes their chief danger.

The following cases will verify this assertion.

Case III.—W. G., 9 years old; disease involving several vertebræ, having its greatest prominence at the twelfth dorsal. Psoas abscess showing at the

anterior and inner aspect of the thigh. Active and increasing. Opened by free incision October 1st, and one pint and a half of pus discharged. Dressed with strong compression on circumference of cyst, which was made each day to gradually approach the opening. Closed in about two weeks.

Case IV.—A. D., from Canada, 5 years old, with Pott's disease in lumbar region. Recent abscess on posterior aspect of right ilium. After securing firm support to the spine, the abscess was evacuated by free incision, and it closed in ten days. In this case, although the abscess had occupied the situation but a couple of months, there were indications that the ilium had already begun to be corroded by the contact of pus.

Case V.—W. C., aged 4 years, injured by falling down stairs, September, 1868. Projection in the spinal column, and lumbar abscess noticed October 14th, 1868. Abscess opened October 17th, and discharged one pint of pus. Closed and entirely healed, October 26th, 1868, in nine days. No trouble up to the present time.

In all of these cases, the abscess was opened while it was actively increasing, and not very long after the reservoir had formed. The success of their treatment depends less on the size of the abscess than on the length of time it has existed. An old abscess, even if it be very small in size, presents serious obstacles to rapid obliteration. When pus is allowed to remain in contact with healthy tissues, they are not only injured or destroyed by the pressure and presence of unhealthy fluids, but to protect themselves, the matter is encysted by the formation of a lining membrane, which not only becomes a secreting surface, but by its low vitality, rapidly dies, on its injury and the introduction of air.

And it is owing to the disastrous results in such cases—in the old encysted abscesses, where no arrest of the disease of the spine has been attempted, that has caused the repugnance to surgical interference. But you will notice that the conditions I have presented differ as widely as do the results of my practice. To arrest the disease in the vertebræ, and then discharge the contents of the abscess before the formation of a cyst, and while the tissues are still healthy and capable of rapidly uniting, constitute the idea of my practice. It, of course, entirely depends upon the recent success in the treatment of disease of the spine.

Although there are many cases which do recover of an abscess by absorption, yet I consider it the safer, and therefore the better practice, to always open them.