

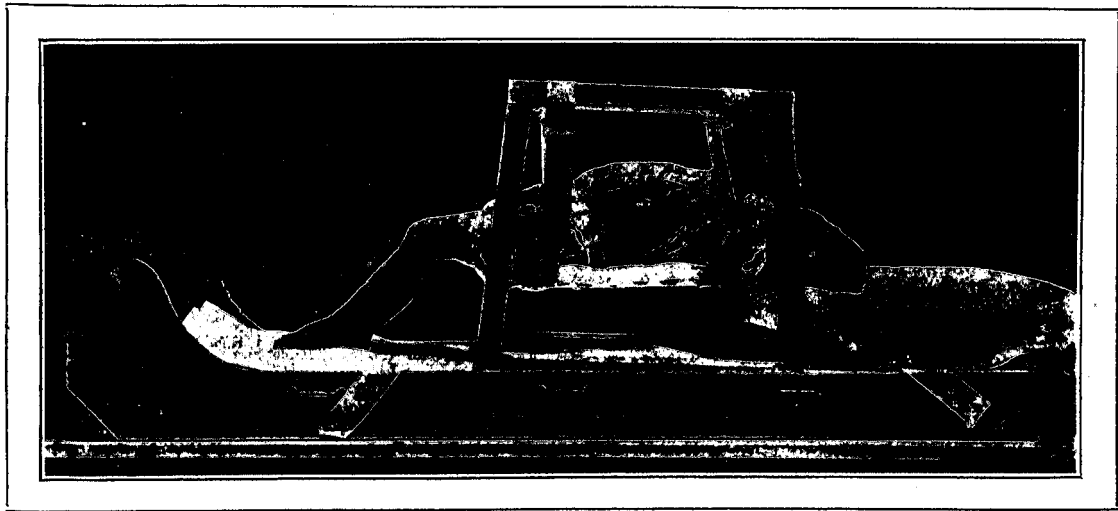
The danger of a tuberculous abscess does not lie in its specific infection; closed such an abscess is harmless; opened the prognosis becomes serious. . . . But if at all times there has been agreement as to the dangers of the open tuberculous abscess, there has been by no means universal agreement as to the best means to avoid this complication and the dangers to which it gives rise.

In connection with the usual practice of the present day of curetting and excising the abscess cavity and its diverticula under the most rigorous antiseptic precautions, the authors point out that a most important fact to be considered is that *dealing with the abscess cavity does not remove the cause of its formation*. The primary lesion which pro-

appearance less useful than incision, aspiration is much more efficacious and much less dangerous."

THE TECHNIQUE OF ASPIRATION.

Aspiration must be performed under strict aseptic precautions, an all glass syringe being employed, as a rule a local anæsthetic of ethyl chloride is all that is necessary, and to prevent the child being frightened by the unfamiliar sights of an operating theatre, a screen is placed across the operating table at Alton, covered with a sterilised towel. The patient is not brought into the theatre till everything is ready, and is then quickly placed on the table, the dressings rapidly removed, the skin frozen and the aspiration performed. During the operation the patient is



"SWINGING BACK-DOOR" SPLINT FOR SPINAL CARIES.

duced it still remains, the pus reforms, the cycle in the history of the abscess recommences. The abscess is secondary to the primary lesion which, even after the evacuation of the abscess cavity retains its activity.

The conservative method of treatment of these abscesses as employed at the Maritime Hospital at Berck, in France, and at the Home at Alton consists first in improving the general health of the patient, enforcing early mobilisation of the injured part, which must be uninterrupted and prolonged for a very considerable period, at first, at any rate, with the patient in the horizontal position. The use of plaster apparatus, the technique of which has recently been so much improved, permits the advantages of immobilisation to be secured to the uttermost. Lastly, when evacuation of the abscess is necessary the method employed is aspiration. "Though in

entertained by a nurse, who especially accompanies him for that purpose.

An abscess may be cured after a single aspiration, but this is not the rule. Usually after a period varying from one to many weeks a new evacuation is necessary, but in favourable cases the abscess re-forms in smaller volume, and the pus which is withdrawn by succeeding aspirations, besides being diminished in quantity, is altered in quality. It is more sanious and sometimes presents a more fluid appearance. This is a good omen, and an indication of approaching cure.

"Where, in spite of repeated aspirations, the pus rapidly re-collects, the abscess increases in size, and the surrounding tissues become more and more involved the prognosis is much more serious and more active treatment than simple aspiration is needed. In such cases the modifying liquids should be employed."

[previous page](#)

[next page](#)