CASE X.—C. W., aged 36. Admitted July 29th, 1890, for psoas abscess. Has had pain in the lumbar region for three years. A tender spot present at the level of the iliac crest. No prominent spinous processes. Has noticed a swelling in the thigh for the last fortnight. Present condition: Smooth and rounded swelling on the inner side of the femoral vessels.

August 7th. Aspirated, 6 ounces of pus removed, cavity injected with 1 ounce of iodoform solution.

August 21st. Aspirated, 10 ounces of pus removed, again injected with iodoform solution.

September 18th. Aspirated, 5½ ounces of thin watery pus of a light brown colour removed; the pus did not smell of iodoform; cavity again injected.

September 20th. Made an out-patient, wearing a spinal support, there being no further collection of fluid in the abscess cavity.

February, 1891. The patient returned to the infirmary after five months' absence in order to inquire if he was to continue wearing the spinal support. There was no sign of recurrence of the abscess or mark to show where the puncture had been.

REMARKS.—In all cases strict antiseptic precautions are observed as to hands, instruments, and skin over the site of puncture. At first the carbolic spray was used, but of late I have ceased to employ it in any operation. If the pus be thick and incapable of evacuation by the aspirator a good sized trochar is employed. As a rule an anæsthetic is not administered, although when the ether expands some little pain is felt; this, however, rapidly passes away. It will be noted that whilst the emptying of the abscess and the injection of the cavity forms an important part of this method of treatment the disease causing the abscess is not forgotten. The patient is for some weeks kept recumbent, and is afterwards supplied with a correctly-fitting spinal support, which is worn for at least a year or until the spinal disease is well. My reason for bringing these cases forward is that I believe that this simple method of treatment is not generally known, or if known is certainly not usually followed out by the majority of surgeons; and that now from an extended experience I can fully and confidently recommend it.

A CASE OF POISONING BY "FAINTS."

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F. H., male, aged 57, was brought into the Bristol Royal Infirmary dead on June 25th, 1890. At the *post-mortem* examination, fourteen hours after death, rigor mortis was beginning to pass off. The body was well nourished, and there were no signs of injury. Hypostasis was well marked. On opening the body, there was a strong smell resembling nitrite of amyl, but somewhat sweeter, which pervaded all the organs and fluids of the body. The lungs were congested and oedematous, but otherwise healthy. Kidneys rather dark; no diminution in size of cortex, and capsule peeled off easily. The liver was normal and weighed 60 ounces; spleen slightly adherent and rather soft. The mucous membrane of the stomach was soft and thick, and the contents consisted of about 3 ounces of reddish grumous material. The red colour was shown to be due to blood, both by the guaiacum and the microscopic tests. The ventricles of the brain contained about 1½ oz. of clear fluid, having the odour above mentioned. The heart was slightly fatty, the cavities in a state of contraction, and the aortic valves and aorta were somewhat atheromatous. The contents of the stomach, the fluid of the ventricles, a portion of brain matter, and about 3 ounces of urine found in the bladder were saved for examination.

At the inquest on the following day it was elicited that the deceased was a heavy drinker, and his widow stated that he was in the habit of drinking heavily of "faints," which could be obtained in large quantities from a distillery for nothing. Many of the jurymen said that they had frequently heard of "faints" being used externally for rheumatism, but never knew of its internal administration.

I requested the coroner's officer to obtain some "faints"

for me, and I found that it answered to the same tests as the fluids saved for examination. As I am not aware of any record of death occurring from this substance before, and as only slight reference is made to it in the ordinary textbooks of toxicology, I may be permitted to mention some of its properties.

The "faints" is the latter portions of the distillate obtained on rectifying crude spirits of wine from fermented potatoes, etc. It is rich in alcohols which are less volatile than ordinary alcohol and ether, and for practical purposes may be said to consist chiefly of fusel oil (amylic alcohol) mixed with large quantities of the secondary and primary propyl alcohols and the higher homologues of the alcohols and ethers (Rabuteau).

"Faints" has an odour of bad spirits, and owing to the presence of large quantities of amylic alcohol, it yields an odour resembling jargonelle pears, when heated with an acetate and strong sulphuric acid, due to the formation of amyl acetate.

Dr. Fürst, of Berlin, and Dr. W. B. Richardson, by experimenting, the former on rabbits, and the latter on various animals, have shown fusel oil to cause nausea, giddiness, lessened sensibility to pain, and loss of muscular power. They supposed that it acted more powerfully when breathed as a vapour than when taken internally as a liquid. It has at first a powerful intoxicating effect, followed by a period of marked depression. Its superior intoxicating effect is said to be known amongst the consumers of corn brandy in some of the northern countries of Europe, who frequently demand to be served with a "glass of good fusel."

Clinically the above case is of great interest, for in spite of the man's having the habit of taking large quantities of fusel oil (which is considered the most poisonous part of bad spirits) for the greater part of his life, his organs nowhere exhibited any greater degeneration than might be expected in a hard working man of his age, and especially should it be noted that cirrhotic changes in the liver and kidneys were entirely absent.

Finally, I would point out that the habit of drinking "faints," though perhaps not common, is practically without restriction, inasmuch as the substance can be obtained for nothing at various distilleries. This latter fact appears to deserve the attention of the "Select Committee appointed by the Chancellor of the Exchequer to consider the propriety of taking means to prevent the introduction into public use of raw and immature spirits."

THE PATHOLOGY OF GANGLION.

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WHILST there can only be few chances of examining *post-mortem* cases of ganglia, the opportunities which the surgical treatment by excision afford enable a conclusion to be formed of the pathology in the majority of cases, which is certainly more simple than that which has often been given by writers on surgery. I have had a good many patients under my care in whom ganglia have been caused by one of two conditions—first, a sprain or blow causing an immediate effusion of blood into the tendon sheath; the remains of the blood clot are to be found more or less organised as a solid mass within the ganglion; secondly, tenosynovitis, at first acute, later on becoming chronic; the tenosynovitis is generally caused by the overuse of some particular muscle in the work of the patient, especially when the work has only lately been taken up.

Thus, in the case of a boy, his work in the printing office obliged him constantly to twist and adduct his right hand, and to contract the flexor carpi ulnaris muscle. When first seen there was acute tenosynovitis in the tendon sheath of this muscle immediately above the wrist; later on the tenosynovitis became chronic, and a fluid swelling about 1½ inch long formed by distension of the sheath. Melon seed bodies could be felt in it. In a case recently operated upon the patient had been put to work a lift by pulling on a rope so as to use excessively the extensor communis digitorum. Teno-