opinions to him, and stated to him at the same time the extraordinary circumstances which had begotten, for me, such a lively interest in the son of Dr. X. In the course of a few days I was informed that an inquiry had been held by the medical staff; that the boy had been sent for and privately examined (though not ostensibly ill in any sense); and that it was, beyond all doubt, considered to be a case of leprosy. The medical authorities decided, however, that under the circumstances it was not their duty to sound the alarm, or in any way to disturb the boy's education.

From this time onwards (except the death of the first patient soon afterwards) I heard nothing more of these matters till a few weeks ago, when I was asked to see Dr. X.'s son professionally on behalf of the school-authorities; and, if so advised, to request Dr. Anderson also to give an opinion as to the present state of health of this young man, who happened at the time to be visiting some friends in Glasgow. It was represented to me that he had maintained, on the whole, fairly good health since I last heard of him through my medical friend, and had not been incapacitated from school-work except on account of a contagious eczema which had been prevailing, and with which he had been affected in common with other boys. Apparently, however, the opinion had arisen that his general health was not quite so good, and that in view of a cutaneous affection of this kind, apparently communicable, existing, it was no longer expedient that he should remain at the school. Indeed, I could not but come to the conclusion that his removal, on public grounds, had been practically settled; and with every desire to soften the blow as much as possible to the poor boy, it was felt to be necessary that his guardian, at least, should receive unequivocal and unbiassed testimony as to the actual state of the facts and circumstances under which the decision was arrived at. Under these circumstances I saw and examined this boy, and made a report, along with Dr. Anderson, to the effect that the disease was evidently leprosy, though of a remarkably mild type, as shown by discolorations and cicatrices, and also by large anæsthetic areas on the back of one limb. All breaches of surface, however, and all discharge had ceased at the time of our report, and Dr. Anderson felt still in a position to affirm that no danger to others could occur from the boy's remaining at school. On this last point I did not feel able to give an unqualified assent to my colleague's opinion; but as regards the matters of fact and observation there was no doubt whatever, and our report accordingly on these was substantially as above.

A NEW OPERATION FOR HEPATIC ABSCESS.

By GEORGE ZANCAROL, M.D. Paris,
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THE following operation has been performed by me with excellent results for more than two years. I therefore think that a short account of my method may be of interest to surgeons and practitioners who may have cases under their care.

The operation consists in making a large opening sufficient to expose the whole cavity of the abscess, and in thoroughly cleansing it of all pus and debris of sloughing hepatic tissue. It may be divided into three stages: 1. Exploration of the liver; 2. Opening the abscess; 3. Cleansing the abscess-cavity.

1. *Exploration of the Liver.*—After having well washed the skin with a brush and soap and water and a 2 per cent. solution of carbolic acid, an exploring trocar is plunged into the liver to find the abscess; this exploratory puncture may have to be repeated several times, so that a good idea may be formed of the size and direction of the abscess.

2. *Opening the Abscess.*—An opening is made with the thermo-cautery into the lower third of the abscess, five to seven centimetres (two to nearly three inches) long, according to the size of the abscess, and as much as possible in the direction of its greatest diameter. This opening must be sufficiently large to enable the surgeon to see the whole cavity with ease when the edges of the opening are held well apart by retractors. To obtain this result in abscesses of the left lobe an opening in the soft parts will suffice; but if the abscess is in the right lobe, resection of one or two ribs will be necessary. This resection is also performed with the thermo-cautery, using an elevator to detach the periosteum, and Liston's bone-forceps, care being taken not to wound the intercostal artery; should this, however, happen, the hæmorrhage will cease as soon as the abscess is opened. After resection of the bone, the abscess is opened with the thermo-cautery, keeping always in the direction of the resected rib, and with the aid of two strong retractors held by an assistant, while the margins of the incision are kept open, they are pressed against the liver, and kept in close contact with the abdominal and thoracic walls, so as to prevent either pus, or the liquids used for washing out the abscess, from find-

ing their way into the abdominal or pleural cavities. If this precaution be observed, no harm will result, even should there be no adhesion between the wall of the abscess and the parietal peritoneum; for when once the abscess has been thoroughly washed and cleansed, adhesions will be established before fresh pus can accumulate. In fifty such operations performed by me during the last two years, no purulent matter has ever escaped into the pleural or peritoneal cavities, although cases were operated upon in which no adhesions existed.

3. *Cleansing the Abscess-Cavity.*—The retractors being still held in the position already described by an assistant, a strong current of warm distilled water is allowed to play within the abscess-cavity by means of a siphon; every particle of adherent pus and necrosed tissue is removed with the fingers, or with sponges fitted to proper holders, and the washing-out is continued until the walls of the cavity look perfectly clean, often granulating, and the water returns clear. The retractors are then withdrawn, two drainage-tubes of large calibre are inserted in the cavity, and the dressings applied, which are left undisturbed for twenty-four hours; the cavity is then washed out again with warm distilled water, as above described, and the current kept on until the water returns perfectly clear.

As a rule, the temperature becomes normal immediately after the first washing, but if fever should reappear, or if the pus is abundant, the washing-out should be repeated every twelve hours; if, in spite of all this, the fever persists, or diarrhoea sets in, this would indicate that other abscesses exist in the liver, and such cases are invariably fatal.

OPHTHALMIC REPAIR AND SENILE DECAY.

By ANDERSON CRITCHETT, M.A. CANTAB.,
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AMONGST the many interesting facts which Professor Humphry has noted in connection with longevity, there is none which at the first glance causes more surprise than that people of advanced age possess, as a rule, remarkably good healing power. Every experienced surgeon could, however, bear witness to the correctness of the Professor's observation, and I have recently had several cases under my care which show that not only will wounds in such a delicate organ as the eye unite by first intention in very aged patients, but that the healing process may make steady progress towards completion while the physical powers are in the last stage of exhaustion and decay.

I had arranged to operate for cataract in the spring of last year on a nobleman, aged 84, when I was informed by his medical attendant, Mr. Tegart, that the patient was suffering from gangrene of the foot, which, of course, necessitated the postponement of the ophthalmic operation. The patient was, however, extremely anxious that an effort should be made to restore his sight, and in the following September he had recovered a sufficient measure of health and strength to justify me in removing the cataract. The eye was rendered completely anæsthetic with cocaine, and I made my incision at the corneal-scleral margin, completing it through the tissue of an arcus senilis, which I have always found to possess good healing capacity. As the lens did not yield readily to moderate pressure, I removed it with a spoon, and without any loss of vitreous. All went well till the fifth day, when the patient had an alarming fainting fit, and remained in a state of collapse for some hours.

Although he rallied somewhat from this attack, he speedily relapsed into others of a similar character, and in spite of the most careful nursing and the constant attendance of Sir William Jenner and Mr. Tegart, he gradually grew weaker, and sank at the end of six weeks from the commencement of his last illness. I frequently examined the operated eye and tested the sight, and I was surprised to find that, notwithstanding the great physical weakness, the process of repair proceeded at the usual rate and in the most perfect manner. The vision was excellent, the patient being delighted to recognise the faces of those around him, and, with a suitable lens, telling the time by a watch correctly.

I had a similar experience last year with a lady, aged 93, who, despite an attack of apoplexy with hemiplegia six days after an operation for cataract, was able to heal my incision by first intention. I have quite recently operated for cataract on two clergymen, aged respectively 92 and 96; and in both cases, although the patients were in feeble health, the elder of them being unable to move from chair to chair without assistance, the wounds have healed well, and the sight has been fully up to the usual standard. Encouraged by these results, I lately offered to operate on a lady in reduced circumstances, who has