It is suggested that *mepacrine* may act by reducing light sensitivity of the skin, by an action like ACTH or cortisone, or by antagonizing adenyly compounds which are found in the lesions of lupus erythematosus.

These results are encouraging. Whether *mepacrine* cures the disease or controls the lesions has yet to be decided.

K.P.

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Treatment of Abscesses

Recent work in Leeds suggests that the granulation tissue surrounding an abscess, in addition to preventing the spread of infection from the abscess, also prevents penicillin and other antibiotics getting into the abscess to overcome the infection. Once an abscess has formed therefore, it is of little use giving penicillin or other antibiotic. If, however, when the abscess is incised, the granulation tissue barrier is broken down by curetting gently, any penicillin in the blood can enter the abscess and overcome the infection.

It is now our practice to give a large dose of penicillin (600,000 units procaine penicillin mixed with 250,000 units aqueous, the most painless method), to wait half an hour and then carry out the incision. All pus is evacuated and the lining of the cavity curetted. It is then our aim to carry

out primary suture of the wound. With hand infections, if the incision is made in a skin crease, suturing is not always necessary. With abscesses of the breast, axilla, face, neck and elsewhere, the skin edges are firmly opposed. In ischio-rectal abscesses, sulphonamides or streptomycin are used in conjunction with penicillin. One more injection of the antibiotic is given on the second day, and the wound is inspected on the fourth day. Unless the organism is insensitive to penicillin, which is rarer than one might think, we expect the wound to be healed or almost healed. The most dramatic results have been achieved in ischio-rectal abscesses, where a long series have returned to work in six or seven days, instead of being in hospital for several weeks. A further extension of this principle is that it is unnecessary to wait for an access to 'point.' Penicillin can deal with any contamination from a deep abscess: If the skin is devitalized by leaving the abscess to point, the stitches tend to cut out and the wound may gape.

It has thus been shown that the age-old method of treating an abscess by waiting for it to point, incising and leaving it to drain is now out of date. The modern method is to operate with a large amount of penicillin in the circulation, allow the penicillin to get into the abscess by breaking down the granulation tissue barrier, evacuate the pus, sew up the wound and leave the penicillin to do its work.

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