

The convulsion in this instance may perhaps be explained by the history of the patient. Her family history and her own temperament are highly neurotic; and about puberty she suffered from hystero-epileptic attacks, though for the last three or four years there has been no evidence of such a condition. At the time the drug was administered she was in a state of over-wrought nervous excitement, and resistance was at a minimum. Further, the stomach was empty, and the drug in alcoholic solution was completely absorbed almost at once. The nerve centres, therefore, in a condition of unstable equilibrium, were overpowered and lost their balance.

I may add that the exalgine used was manufactured by Brignonnet & Naville, and was made up according to the following formula:

Rx.—Exalgine,	gr. xxxij
Tr. Aurantii recentis,	
Syr. Aurantii	aa. ʒi
	M.

Dose—ʒij.

PERITYPHLITIC ABSCESS.

BY J. SPENCE, M.D.

Case 1. Thos. C., æt. 40, married. Street-car driver. Has a fine physique; healthy, florid complexion, and six feet high; 200 lbs. weight—is the very picture of health. Has been driving a street car this forenoon, 7th Sept., 1889. Has been home to dinner. On his way back to work, after eating a hearty meal, he does not feel well, and calls at my office to consult me. He complains of a slight pain in the right iliac region; has felt some uneasiness here since last night, when he walked home from the Toronto Street Railway stables, a distance of about three miles. Temperature, normal; pulse, full and regular, about 70; tongue, clean and moist. A tumor, about the size of a hen's egg, or a little larger, situated midway between the anterior superior spinous process of the ilium, and the linea alba on the right side, is discovered. The upper margin of swelling is on the same level as the crest of the ilium. It is hard, non-fluctuating, and immovable. He does not complain of much pain when it is handled. The bowels are regular; once a day as usual. There is no distress in passing urine. Owing to the absence

of the usual sequence and characteristic symptoms and signs of perityphlitic abscess, namely, pain, pyrexia, and swelling, etc., there is considerable difficulty in the way of a positive diagnosis. However, perityphlitic abscess is suspected as the most probable disease. Prescribed absolute rest in bed, and gave a grave prognosis if absolute rest were not secured and maintained. I also gave a dose or two of castor oil, to make sure that the bowels had really moved, and were not impacted with feces.

Sept. 8th. I find, instead of going home to bed, my patient went down to report himself at the office. The pain had increased very much, and he had some difficulty in getting home, on account of its severity. His temperature now is 103°, pulse 85. His bowels have moved freely several times. He does not complain of much more pain than on the 7th, though the tumor has enlarged.

9th. No change in his condition worthy of note.

10th. At 6.30 a.m. I was called in a great hurry. Patient is suffering intensely; pains extending all over the abdomen. There is great tenderness. Pulse rapid, feeble, and almost imperceptible. Profuse perspiration. Greatly distressed countenance. Temperature has fallen to a little above normal. Complains of pain in the bladder, extending into the testicle. Perforation, or rupture of abscess, is diagnosed. Morph. sulph. is given in sufficient doses to quiet the pain.

I ask for an immediate consultation, with a view to operating, or considering its advisability. Consultation takes place in the evening. Consultant is satisfied that the case is one of perityphlitic abscess. Does not think abscess has ruptured into the peritoneal cavity, though he thinks inflammation has extended over peritoneum. Is opposed to the operation in the meantime, believing in "the policy of delay and palliation," which is sound doctrine, according to some excellent authorities, e.g., Sands, Pilcher, and others.—N. Y. Surgical Society, Dec. 6, 1886. *Annals of Surgery*, Dec., 1889.

11th. 7 a.m. Patient is vomiting terribly—has been since 4 a.m. Vomit is hot and acrid, excoriating his tongue and lips; is dark and