keep down more or less iced milk and water. This, without interruption, constituted his treatment until the seventeenth day from the date of my attendance, and during the whole time, he had no movement of the bowels. On that day, the inflammation having to a certain extent subsided, I gave him an enema of lukewarm water, secured an evacuation of the intestinal tract, increased the quantity and quality of food, and again locked up the bowels with the tinct. opii for four days more. At the end of that time, the exceedingly tense, painful and tympanitic abdomen, having to a still larger extent given way, another enema was ordered,—but here my patient and I parted company, but not before I had left him a couple of ounces of laudanum to be used as he might require, and directions in general as to future management. It was midwinter, fearfully cold, and the home of the patient in a mountainous, snowy locality, and we did not meet again until he turned up at my place two months later, all right, with the exception of a swelled or oedematous leg, which I attributed to a phlebitis occurring subsequent to my leaving him.

In April last, O. S., aged thirteen years, of healthy parentage and himself likewise healthy, went, with several boys, to a neighboring sugar bush to get some warm sugar and enjoy themselves generally. After satisfying their appetites for new maple sugar, and to carry out the programme, they all took off their boots, and went home bare-footed through the snow. The next day the hero of my tale became sick, and luckily the parents gave him a cathartic—on the day following I had no trouble in diagnosing acute peritonitis. As the bowels had been previously well opened, I gave the little fellow a half dozen grains hyd. c. cretâ and fifteen drops tinct. opii, the latter to be given, more or less, according to the effect, every three hours. This (the laudanum), with turpentine stupes, was all the medication he received until the sixteenth day, when it was found that the inflammation had sufficiently given way to warrant an enema, which produced the first movement of the bowels he had had during the whole fifteen or sixteen days. The case went on well enough for a short time, when a sort of relapse set in, accompanied by typhoid or adynamic symptoms. These, however, after many "ups and downs" yielded to quinine, opium, brandy, milk and the like. To-day he is as well as any boy in this Township. It will be observed, by the foregoing, that I kept the first patient's bowels continuously quiet and locked up for seventeen days, and the last one for fifteen days. In my judgment, if, at any time during these anxious days, I had yielded to the urgent solicitations of friends and given even the mildest enema there would have been just two persons less now living in this community, and that is really all the point I wish to draw attention to.

If called early enough, empty the prima via. with a mercurial laxative, and then shut down *closely* and persistently with tinct. opii (not morphia) until the inflammation subsides. If the patient is not seen soon enough, don't give even the mildest laxative at first, but close up at once and *keep* unflinchingly closed up until that time arrives, no matter how long the subsidence may be in coming. The important fact intended to be made prominent herein may or not be an old story, but, according to my observations, the oftener it is repeated the better for all concerned. The patients will certainly not all die of this dangerous inflammation, if the extensive and roughened peritoneal surfaces are *not* disturbed by cathartics, or other means, from the very time the inflammation sets in, to the time of yielding.

Correspondence.

WINNIPEG, MAN., Aug. 15th, 1887.

To the Editor of the CANADA MEDICAL RECORD.

DEAR SIR,—In your July number, page 238, I observe an article from the St. Louis Medical Review, on "Fluid Extract of Ergot" as a local application in "*Spreading Erysipelas.*"

A few days ago I had a case in the Fort under my charge, which was Erysipelas of the foot and rapidly extending up the leg. I used Fluid "Extract of Ergot," painting the foot and leg thoroughly and administered Tinct Ferri. M x x ter die internally. In twenty-four hours after the application I was considerably surprised to find my patient's foot free from pain, swelling and arrest of the extending inflammation. He expressed great relief and desired to return to duty, this I declined to allow him. I repeated the application of Ergot four times, covering the leg with cotton wool. On the fourth day from the outset of the inflammation he returned to duty cured. It would be interesting to hear from others more of the results of this treatment in Erysipelas.

Yours, etc., ALFRED CODD, M.D., C.M.
Surgeon, R. S. M. Infantry, Winnipeg.