

concerning it to be fallacious. Frequently there is an absence of all the ordinary signs of acute abscess, of prominence, change of colour, fluctuations, &c.; owing to the distance at which the collection is placed from the surface or else to the inelastic nature of intervening textures. The presence of suppuration has therefore to be decided by the progress of the case and the general symptoms. In every case it is thought imperative that an early opening should be made, lest by its delay fistulæ or still more adverse results should succeed. But from the difficulties of diagnosis it frequently happens that the abscess may obtain a considerable size, and actually discharge itself without its having been suspected, much less ascertained. Cases thus left to end *sua sponte* have shown us that there has been no foundation for the fears commonly entertained; since, instead of falling into any harm the patient has actually recovered without the least bad consequence. From which the practical rule might be drawn that in many cases of abscess near the rectum its natural opening may safely be trusted to. In proof we would adduce one instance in particular, that fell under notice while acting as clinical clerk. About 10 years ago, one Samuel O'Callighan was admitted into the Montreal General Hospital, labouring under symptoms of acute abscess in the ischio rectal fossa. It had supervened upon the cessation, too early it was thought, of a gonorrhœa. Rigors and other marks of constitutional disturbance were distinctly observed, and the history favored the supposition of the rapid formation of a large quantity of matter. Suddenly one morning while at stool he felt an immediate relief from the local pain and distention, and much matter was discharged per anum—amounting by his own statement to a quart! The abscess must have burst into the urinary conduit, as well as into the rectum, for there was a copious subsidence of pus from the urine subsequently voided. Yet in a few days afterwards no purulent discharge was to be found in the urine or feces, and in about a week he was dismissed from hospital without a bad symptom. And lastly, we have not always detected the strikingly fetid odor asserted to exist in every case of abscess near the rectum.

In future editions we shall expect to discover the results of further observation upon the diseases which have engaged Mr. A's attention in the present work. And we shall be happy if further inquiry leads him to concur with us in the opinions that have been advanced. We would also recommend him to be more comprehensive in some of his descriptions—as for instance that of excrescences of anal region, from which is entirely omitted all notice of the peculiar growths called condylo mata ob-