presents the picture of general peritonitis, which has started from some unknown locality.

Treatment of peri-cæcal abscess from appendix disease has made great progress within the past few years, and the operation devised by Willard Parker has now become, not only a very frequent, but a most successful one. As I have already stated, there are many instances of spontaneous recovery, even when extensive suppuration has occurred. We all have seen, in the recurring attacks of this disease, the gravest symptoms disappear and the patient rapidly convalesce. The medical treatment is much the same as I have spoken of in typhlitis. Opium, in some form, has almost always to be used to relieve pain. For constipation, large injections may be employed. In the early stage I never use purgatives. I would hesitate to employ even a saline cathartic, which moves the bowels with very little disturbance of the peristalsis. Not that I would hesitate when general peritonitis is established, as I believe this method of treatment to be in a high degree rational. A concentrated saline purge produces local depletion of the intestinal vessels from duodenum to cæcum, and removes in great part the interstitial œdema of the intestinal wall upon which, chiefly, the paralysis depends. But, in the early stages of the affection, our means should be directed towards limiting the inflammatory process, and favoring those conservative barriers which nature invariably sets up against extending inflammation. I have been so much impressed with the fact, that in these cases the dangerous symptoms seem to originate by the extension of the disease from a localized peri-cæcal abscess—the walls of which may be in part mesenteric, or, as I have seen, intestinal—that I dread the disturbing influence of purges. The indications for surgical interference are not always clear; but my experience has taught me that the abdomen is much more frequently left untouched than it should be, and that an operation is too often deferred until practically useless. Local indications may be very positive, particularly when the perforated appendix lies behind the peritoneum, in the iliac fossa spine above Poupart's ligament. But when the abscess is high on the psoas muscle, or lies within the brim of the pelvis, or far over towards the middle line, these symptoms are absent, and in such cases, from the general condition alone, the indications for operation must be gathered. We may say, as a general rule, that in young persons, in whom the attack has set in with severe pain in the right iliac fossa (whether preceded or not by previous digestive disturbance), and in whom the constitutional symptoms, as shown by rapid pulse, fever and coated tongue, indicate a serious lesion—when tympanites and abdominal tenderness exist, it is better in these days of safe laparotomy to give the patient the benefit of any diagnostic doubt, even without the existence of local tumor, and to explore thoroughly the peri-cæcal region. Still more urgent would such indications be, if the patient had had previous, though less severe attacks.

PAIN IN EYE DISEASES.*

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In the following paper I shall endeavor briefly to review some time-worn facts familiar to all, but presented in an order probably more familiar to the specialist than the general practitioner, and I hope in presenting the well-known painful symptoms in Eye Disease, viewed from a diagnostic standpoint, that it may prove of interest to the busy physician.

The eye is such a perfectly accessible organ, and the examination—not only of the exterior, but also of the contents and interior of it—can be made with such facility, that we are apt to rely too much upon purely objective symptoms for the basis of our diagnosis. To do justice to the eye under examination, due attention should be paid to the subjective, as well as the objective signs, and the most important subjective symptom is pain. In no other part of the body does the patient describe his sufferings more graphically, or localize them more correctly; and we ignore an important factor in the formation of a correct diagnosis, when we pay little heed to his careful description.

The only sensory nerve of the eye and its appendages is the fifth, which supplies the conjunctiva, cornea, and lachrymal gland, and, through its long ciliary branches, the iris and ciliary body: so

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