case so early that we have to treat it for the inflammation which precedes the formation of matter, to put it back, and prevent its terminating in abscess; and we are sometimes, though rarely, successful.

Mr. Newland, of Camden-street, brought me a young man who complained of pain at the right side of the anus, with such soreness on pressure that he could hardly bear to sit down; he suffered severely when he coughed. The anus and its margin appeared quite natural, but the point of the finger passing high up on the right side of the anus detected a hardness which was very tender on pressure. No pain at stool; but his nights were disturbed by uneasy sensations in the part. The pain was of a fortnight's standing. By leeching and mild purgatives, and friction with an ointment of mercurial ointment and extract of belladonna, the pain and tenderness, and finally the hardness, disappeared in less than a fortnight.

When, however, there are well-marked redness, swelling, and hardness, your efforts will generally fail; a few leeches to relieve pain, warm stupes and poultices, very gentle laxatives, and rest in the horizontal position, will alleviate. But little time should be lost in the use of these means; directly there are any signs of the presence of matter, an opening should be made, for when matter is once formed, from the soft nature of the structures by the side of the rectum, it is apt to spread upwards by the side of the bowel or round it, isolating the rectum, and forming a large cavity which may break into the bowel, and though attended with relief at first, finally end in a blind internal fistula, a troublesome complaint; or if the opening is tolerably large, after the pus is evacuated into the bowel, air, the secretions of the rectum, and fæcal matter enter the sack of the abscess, irritate and inflame it, and, after much irritation and pain, burst externally. For these reasons, therefore, an opening should be made tolerably early. Petit, who has written well on this subject, had a particular way of opening abscesses by the side of the rectum and anus. He introduced his forefinger into the anus; on his finger he passed a bistoury, with the point rather blunt, so as not to wound the finger; then he forced the end of the bistoury through the walls of the rectum into the abscess, and cut outwards and towards the tuberosity of the ischium, dividing the sphincter and opening freely into the abscess. A very free exit was given to the pus, and the sphincter being divided, little chance remained of the case terminating in fistula. Though this proceeding of Petit's contained the true principle of the operation, viz., to make a free opening, yet it is unnecessarily severe and is liable to the objection of offering a cavity for the entrance of fæcal and irritating matters, which must delay the healing of the part. Besides it is unnecessary: a sufficiently large opening can be made along the side of the anus externally; the simple rule being, that it really be sufficiently large; for if the abscess is merely opened with a lancet, the same thing happens as where the abscess opens of itself, the aperture is too small, and as the matter re-accumulates, only partially allows it to escape. It therefore burrows in every direction where the resistance to its progress is least, opens into the rectum, or at some part externally, and finally terminates in fistula; but if the abscess is freely opened with a bistoury, the matter escapes as soon as it is secreted, and the sore soon closes.