

opening of the abdominal cavity with drainage, in gunshot and other wounds of the intestines, has been followed by recovery many a time, in spite of very imperfect surgical intervention, exemplified by fæcal fistulæ afterward, which closed spontaneously.

Drainage of the "abdominal cavity" for suppurative peritonitis has always been, and promises to be, a perplexing problem. Methods which facilitate the readiest drainage naturally suggest themselves as being the most effective. For this reason, a drainage tube which will permit of the easy escape of all material as rapidly as it is formed would seem the most practical. A double drainage tube—one exceedingly short, simply entering the abdominal cavity; the other possessing considerable length, sufficient to reach to the pelvic floor, has in my experience performed the best work. The use of gauze for drainage purposes is almost useless inasmuch as it constitutes a plug. Its removal is exceedingly painful; forming strong attachments to the abdominal viscera, and occasionally producing serious injuries to coils of intestine in its removal—even being responsible for fæcal fistulæ, and predisposing to serious post-operative adhesions. In women a pelvic drain will accomplish much.

It is doubtful whether the different positions suggested possess special advantages over the horizontal. The elevation of the trunk in the Fowler position would rather favour an accumulation of pus in the pelvis, while the former position will allow the readiest escape of all material from the different parts of the abdominal cavity; and it is a well-known fact that any fluid remaining free in the peritoneal cavity will naturally gravitate to the pelvis even in the horizontal position. Furthermore, if one considers the comfort of the patient he will invariably select a horizontal position rather than the inclined plane.

CERVICAL RIBS CAUSING PRESSURE ON THE BRACHIAL PLEXUS.

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Since reporting before the Medico-Chirurgical Society in November 1906, a small series of cases with radicular palsy of the brachial plexus caused by cervical ribs, the following case has come under observation:

Mrs. O. P., 28 years of age, was referred to me by Dr. McCrae in the Medical Outdoor Department of the Royal Victoria Hospital, January 3rd, 1907. She complained of wasting of the right hand with numbness and pains radiating down the inside of the forearm; and cough and pains in chest. For the past five years she suffered from cramps