

impaction in the cæcum, opiates to relieve pain' and locally warm applications, if they are grateful to the patient. Bleeding, blistering, the inunction of mercurial ointment, and such like measures, are positively injurious, and can fill no useful indication.

Should resolution not take place speedily, or should the symptoms point to the probable formation of pus, an operation should be at once undertaken, for delay is, in such a case, particularly dangerous. It must be admitted that no positive rule can be laid down as to the proper moment for operating, that being a matter altogether for the judgment of the operator, but there can be no question that an early operation is, in every way, best. In my opinion the point at which the opening should be made is of the utmost importance, in order to avoid opening into the abdominal cavity. I am aware many surgeons speak lightly of opening the peritoneum, and too often have the courage of their opinions; but, although I have no morbid dread of intra-peritoneal surgery, nevertheless I retain a lingering respect for peritoneal integrity, and am old-fashioned enough to think that, other things being equal, it is better to keep outside the peritoneum. The rule I follow is to make an incision about two inches long, and not more than one inch to the inner side of the anterior superior spinous process of the ilium, dissecting down, using the surface of the bone as a guide until the abscess cavity is reached. I have found no advantage from using a drainage-tube, nor does there seem to be anything gained by elaborate antiseptic precautions; at the same time, if an iodoform odor tends to reassure the surgeon, it will be quite harmless. I have never had the misfortune of opening the peritoneal cavity in these cases, possibly because I have been especially careful to avoid doing so, nor have I ever had to perform a laparotomy for the purpose of washing the pus of a ruptured abscess out of the cavity, but if the abscess has already burst into the peritoneum an immediate laparotomy is imperatively demanded, for on this depends the sole hope of saving the patient. In my cases there were but four where there was actual communication between the bowel and the abscess at the time of operating, and in one of these about four square inches of

gangrenous intestinal wall came away, rectal injections flowed freely from the wound and feces were discharged, yet in a few weeks the parts were entirely healed, and the patient now enjoys perfect health.

In no case have I seen any after ill effects of the disease, nor have I known any case in which a second abscess developed.

ALCOHOLIC PERIPHERAL NEURITIS.

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In connection with the case of this somewhat rare affection, reported in *THE PRACTITIONER* of August 1st, by my clinical clerk, Mr. W. A. Barnhart, the following will prove interesting:

M. J. O'C., æt. 45, an hotel-keeper; a robust, well-built man; has taken strong liquors to excess for years, indulging even more freely than usual lately. When first seen in July, he was on the verge of an attack of *delirium tremens*. Alcohol was wholly forbidden; milk and aerated water given as freely as possible, and some sedative medicine, to quiet his excitement. To induce sleep at night, sulphonal, grs. 35, was given at six o'clock, after some milk. He progressed favorably, the sulphonal giving him very good sleep, but his mental condition continued greatly "muddled"; it was with difficulty he could comprehend or follow any conversation. In a day or two he began to complain of his legs and feet feeling numb and painful; he said he had rheumatism in them. They were tender to pressure; no knee-jerk, but plantar reflex was present; he walked awkwardly. In a few days the hands became numb and painful also, but retained fair strength. The walking by this time became quite ataxic, and standing quite uncertain. The legs grew so weak that he could scarcely go down stairs. He could not be induced to walk out to a carriage. He continued much the same for about three weeks, when he gradually improved. The walking became steadier, and the legs stronger; the pains and numbness grew less, but still continued to trouble him considerably; still no knee-jerk, and standing is somewhat uncertain; the muscles of the legs are very soft and flabby. It was not convenient to test the electrical reaction. About the middle of August he walked about two hundred yards to the boat, to go across the