

sunshine, happiness and health on your way through life, and may the blessings of those ready to perish be yours, as well as the full enjoyment of earthly rewards, and the exceeding joys of the world to come. Gentlemen, God speed you. Adieu.

*Stricture of the Rectum—Successful operation by* WOLFRED NELSON, C.M. M.D., Attending Physician Montreal Dispensary; Physician and Accoucheur to the Female Home; late Assistant Demonstrator of Anatomy, Medical Faculty University of Bishop's College, Montreal. Read before the Medico-Chirurgical Society of Montreal, on the 16th of March, 1877.

The subject of this paper, Madame G., a small French Canadian, aged forty, consulted me on the 24th day of November, 1873.

*History.*—A married woman, has five children, now living, with her second husband. She complained that four years before consulting me, when pregnant, she was greatly troubled by obstinate constipation. She had also had some uterine trouble, with prolapsus, for which she had worn a pessary. After her confinement the constipation continued and was augmented. Two years before calling on me she was treated for it by a doctor in Lachine.

She now complains of pain in the abdomen, etc., the scybalæ passed are in little bullet-shaped pieces; at times they come away in long pieces, of the size of a lead pencil, and an inch or two in length, their passage being accompanied by intense pain, at times followed by blood and matter.

Suspecting at once that I had a case of Stricture of the Rectum to deal with, an examination was asked for. Patient was placed on her left side, (British Midwifery position) after oiling the index-finger of the right hand, it was introduced, when a well defined stricture was easily diagnosed an inch and a half within the sphincter; its edges were hard and corrugated; the aperture in the centre was about the size of a lead pencil; it firmly resisted an attempt to pass the tip of the index-finger; the examination caused considerable pain; found a little blood on the finger afterwards.

Her general health had been bad; appetite changeable; at times she had had slight diarrhœa. I could get no history of any syphilitic taint.

On the 27th of November a second examination was made, *per anum*; she reported that she had had no motion from the bowels on the 25th, and only a very small one on the 26th, she consented to an operation.

On the 29th of November, at 11 a. m., assisted by Dr. David, Dean of the Medical Faculty of Bishop's College, and Dr. Reed, the operation was done as follows:—Patient was placed in a stooping position, face and arms resting on her bed, feet on floor, abdomen raised by pillows; this placed the parts in the most convenient position. My confreres then examined the stricture; all being ready I sat down in a chair, directly back of her, oiled my left index-finger and passed it to the seat of trouble; over it a guarded bistoury was carefully passed, and slightly within the ring. The stricture was then divided or nicked, first to the right and then to the left of the medium line; withdrew bistoury and examined cut surfaces, when the tip of the index finger passed beyond. Not considering the passage sufficiently large, a third incision was cautiously made anteriorly, in the mediam line; withdrew bistoury and easily enlarged the opening with the finger, after which two fingers could be passed with ease their full length; just beyond the stricture the membrane was soft and natural. A long narrow sponge tent, measuring an inch and three quarters was then introduced. I have omitted to state that such was the hardness of the stricture, the cutting of the knife caused a creaking sound that was perfectly audible in the quiet room. No chloroform was administered, not more than a teaspoonful of blood was lost during the operation, and it caused but very slight pain. Put her to bed, and gave 1 grain P. Opii. and a second dose at 2 p.m., when the pulse was 68. The sponge tent caused a little pain; patient was cheerful and very much pleased with the result.

The sponge tent used was one made for the occasion by myself, of fine turkey sponge. It was purposely made very long, that it might extend well beyond the stricture on both sides, and remain *in situ*. It had been soaked in carbolie lotion, &c.

At the 2 p.m. visit the pain complained of was of a burning character, which she located at the seat of stricture. At 7:30 p.m. same day she felt easier; pulse as before, no fever, and remained quiet in bed.