

been very satisfactory as the evacuations are free and a very efficient internal sphincter controls the motions.

The sinus was curetted a few days later with the object of causing its obliteration—there was no communication with the urethra.

CANCER OF RECTUM—FORMATION OF A PRETERNATURAL ANUS.

Case IV.—Mrs. D., æt. 54, a ward patient in the Doran building, was kindly referred to my care by Dr. Garrett, in October last. She was suffering from a large cancerous mass involving the whole circumference of the rectum and the perirectal tissues to such an extent that operation for its removal was deemed impossible with any hope of the ultimate result. Accordingly, as a palliative measure, it was decided to form a preternatural anus, thereby giving complete rest to the affected tissues, and relief from the symptoms—pain, bleeding, straining and tenesmus.

The patient was prepared for a laparotomy and the operation of iliac colotomy performed. In comparing iliac with lumbar colotomy Treves states that the advantages claimed for the former are that the operation is more easily and more readily performed, that the bowel can be examined and a diagnosis made, and that the situation of the artificial anus is no more inconvenient than when placed in the loin.

An incision, two and a half inches in length, was made in the left iliac region, one inch and a half internal to the anterior superior spine. The colon was readily found, and the extent of the cancerous mass was explored by the finger from within. The loose folds of the sigmoid flexure were gently drawn out and passed in at the lower angle of the incision—a provisional silk ligature was then passed through the longitudinal muscular band opposite the mesenteric attachment, and the bowel temporarily returned into the abdominal cavity, while the parietal peritoneum was attached to the skin surrounding the incision by several points of silk suture. The bowel being again drawn out, a slight opening was made in the mesentery and a glass rod four inches in length passed through and allowed to rest on the abdominal wall. Over this rod the loop of intestine hung while about eight points of suture (fine black silk) were passed on each side through the skin and peritoneum and through the muscular coat of the