

same procedure is doubly indicated, for then we are dealing with malignant disease.

My only object in thus dwelling on the indications for the operation in this case is to do away in your minds with the old and popular idea that an artificial anus is a disgusting deformity to which even death itself is preferable—an idea which, I am convinced, those of you who follow my clinic for any length of time will abandon. And yet this same idea governed my own practice, I am sorry to say, for many years; and I count now more than one death which might have been avoided, and much suffering that might have been relieved, had I but accepted the plain teaching of the experience of others on this point and set aside my own foolish scruples.

Proceeding now with the operation, you see that, after the abdomen is opened, the sigmoid flexure presents in its natural position. In this particular case we have to make an opening which shall be completely efficacious in diverting the flow of fæces from the rectum, and which shall entail as little injury to the gut as possible, in order that we may close it in the future with as light an operation as possible, should it be found desirable. To accomplish the first I shall introduce my silver wire under the gut, as usual, and make the sharp spur, which so effectually presents all subsequent passage of fæces beyond the artificial opening. To provide for the second, I shall draw the gut only partially outside the abdominal cavity, shall in its incision avoid as much sacrifice of its wall as possible, and generally try to provide an outlet for the fæcal matter, which can be closed by a subsequent plastic operation which shall not involve an opening into the peritonæum. I have explained to you before how this inguinal incision has this advantage over the lumbar—that almost any form of artificial anus desired can be made at the choice of the operator, while in the lumbar operation the opening must always be essentially the same.

You see that, as the gut is brought to the surface and the suspensory silver-wire suture passed through its mesentery, one longitudinal band is in a most favorable position for suture to the skin. After a few silk sutures have been passed through this, you see that I can bring the whole caliber of the gut above the cutaneous margin and fasten it there, or that I can bring only half the caliber out of the abdomen and fasten the gut in that position. The latter is what we shall do, and the result in these two cases we will see that you are informed of later.

NOTE.—Ten days after operation. Gut opened on second day; solid, involuntary evacuations since. Patient up about the ward. The other patient on milk diet markedly improved. Entire cessation of mucous discharges.

Three months later. The patient with the

intestinal catarrh practically cured. The man with ulceration gained eight pounds in the first month and returned to his home. A subsequent letter reports some pain and discharge still, but no trouble from the artificial anus, which he has become accustomed to and does not regard.—Charles S. Kelsey in, *N. Y. Med. Jour.*

THE UTILITY OF VIVISECTION.

Under the present stormy sea of politics lies a question that will sooner or later come again before Parliament: "Shall vivisection be totally prohibited in the United Kingdom?" And as medicine has nothing to hope from outsiders, we cannot afford to maintain an attitude of indifference, unless we are content that British laboratories should become mere parasites upon the Continental ones.

It is not the professional agitator that we need reckon with, but the not inconsiderable mass of worthy people who have been moved by "much speaking" and gross mis-statement to ask, "Is not vivisection immoral and useless?"

If it be useless the charge of immorality need hardly be advanced; but with the great mass of evidence we possess that experiments on animals have *not* been in vain, there is everything to be gained by fair and open discussion of the subject.

Hard as the anti-vivisection party has labored to explain away the discoveries of Harvey and Hunter, it has done little save make itself ridiculous. We are told that Harvey *might* have discovered the circulation of the blood by means other than vivisection; but the dreamland of what might have been is too vague for any save a nation of Laputians, and the fact remains that Plempsius, of Louvain, refused to credit Harvey's discovery till he himself had experimented on certain dogs and watched the flow from their arteries.

The story of Hunter and the stag is known to every student, and the lives saved and the sufferings relieved by that trifling vivisection have now passed beyond all count. Beyond count, too, are the vast number of revelations that experiments on animals have brought forth in more recent times. Few of those who regard medicine in its true light, as applied physiology, will deny the honour due to Majendie and Rokitsansky for their investigations upon the action of strychnine; to Traube, for working out the effects of digitalis; to Cohnheim for his researches on inflammation; and when our eminently practical countrymen, Lister, Spencer Wells, Fraser, Horsley, and others tell us that experiments on living animals contributed largely to their success, and thus toward reducing the sum of the world's suffering, does it not savor of the ridiculous when some pseudo philosopher who cannot distinguish the perineum