embedded, the left being so surrounded by this new tissue as to lead to its complete blocking, while the right was not so completely blocked. The left ureter was not only blocked and surrounded by this fibroid growth, but its wall evidently shared in the process, and was itself thickened. The process extended from the tissues immediately in front of the spine to the pancreas, the head of which it surrounded, and partially, at least, penetrated. Laterally it extended to, surrounded, and involved the suprarenal capsules to such an extreme degree that the left capsule could not be recognized in the indurated tissue occupying its normal site. In addition to this somewhat diffuse condition there was, in the great omentum, a scar-like puckering and a hard nodule under an inch in diameter. The mesentery was thickened somewhat generally, and at one part it contained a calcareous mass, presumably a gland. At the cæcum there was an area where the mesentery was the seat of a localized induration, accompanied with marked puckering of the part, but not causing obstruction. The left kidney, from the blocking of its ureter, presented the ordinary appearances of advanced hydronephrosis. The right kidney showed slight distension of its pelvis and calyces—the organ itself being large, swollen, cloudy, and somewhat fatty. The liver contained a considerable number of small whitish malignant nodules about the size of a sixpenny-piece in circumference.

Microscopical examination showed the new tissue to be mainly fibrous in character, but in it at the parts examined—as, for example, round the left ureter and the nodule in the omentum—there was an adenomatous structure, suggesting, and in parts closely resembling, proliferous cystadenoma of the ovary. In the liver the structure of the nodules was more that of an ordinary carcinoma.

The case, from a morbid anatomy standpoint, offers various points for discussion, which will probably be dealt with at some future time when the wider questions involved are considered. Meanwhile the opinion may be expressed, that the irritation round the ligature appeared to be the starting-point of an irritation which acquired, if it did not originally possess, malignant characters, and led to the condition briefly sketched in this report.—*Edin. Med. Jour.*

From the *Annals of Surgery* we have made the following further extracts:

RUPTURE OF THE RECTUM BY PETERSEN'S COLPEURYNTER DURING AN ATTEMPT TO PERFORM INTRA-PERITONEAL CYSTOTOMY.

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On March 12, 1889, D. C. R., æt. 63 years, was admitted to my service at the Methodist Episcopal Hospital, with the following history: For six years he had suffered from vesical irritability and dysuria, with occasional attacks of retention of urine. Four months previous to admission a rubber catheter had been broken off in the urethra, the fragments being subsequently removed through an incision at the peno-scrotal junction.

Examination per rectum revealed a considerable enlargment of the prostate body, both in the middle and lateral lobes. A Thompson's searcher introduced into the bladder came in contact with calcareous material seemingly imbedded in the region of the left lateral lobe of the prostate.

On March 16, an attempt was made to preform intra-peritoneal cystotomy after the manner of Rydigier. The rectal bag or colpeurynter of Petersen was introduced into the rectum and 8 oz. of water, by actual measure, injected therein. A similar quantity of saturated solution of boric acid was then thrown into the bladder, after thoroughly washing out this viscus with the same solution, the penis being tied with a piece of rubber to prevent the escape of the solution from the bladder.

An incision four inches long was made in the median line about half way between the umbilicus and the pubic symphisis, and the parietal layer of the peritoneum reached. As the latter was identified, a black mass was seen through its transparent structure occupying the abdominal cavity. Upon opening the peritoneum this was found to be the rubber colpeurynter introduced into the rectum. It was at once evident that the rectal wall had given way and the bag had found its way into the abdominal cavity. It was observed that the patient, just prior to the opening of the peritoneal cavity, had exhibited signs of profound shock, this probably corresponding to the moment when the rectum gave