

in February. A letter from him, a few days since, tells me he is quite well.

In this wide-spread Dominion there must be many similar cases, of equal or even greater practical importance than the above, constantly coming under treatment in private and hospital practice, yet few are deemed worthy of notice in our medical journals, while it must be obvious, at least to the junior practitioner, that a plain and truthful account of such cases would prove practically useful, probably quite as much so, as the most erudite narration of many capital operations.

CASE OF PROLAPSUS ANI.

In June, 1876, a lady, aged thirty, consulted me in consequence of having for the last five years endured much pain and annoyance from prolapsus ani and hemorrhoids. During that time she had been frequently under medical and surgical treatment. About six months ago, *i. e.*, November, 1875, several external piles were removed by ligature and excision, but without affording any relief to the prolapsus, the chief trouble still remained. The anal orifice was left unusually large, and very large mucous folds protruded not only during defæcation, but the mere act of walking or any slight exertion would bring them down. Trusses and various appliances had been tried, also any amount of ointment, astringent lotions, and not a few quack remedies, without benefit.

June 8th.—The patient was chloroformed, and by the aid of strong toothed forceps, scalpel and scissors, I excised three good-sized flaps from the verge of the anus, consisting of skin, mucous membrane and some few fibres of the sphincter; the hemorrhage was but slight and easily suppressed; the wounds were dressed with lint and very weak carbolic lotion. Ordered half a grain of morphine to ease the pain and keep the bowels quiet.

9th.—Rested well last night, parts somewhat swollen and painful; repeat morphine and apply poultices till to-morrow.

10th.—About the same; weak lead lotion to be constantly applied. Repeat morphine, *h. s. s.*

11th.—Swelling and pain subsiding; continue lotion. To have castor oil this afternoon.

12th.—Quite comfortable. Oil acted well; wounds look healthy; appetite good, continue lotion.

14th.—Progressing well; wounds clean and closing; to be dressed with simple ointment on lint which was continued up to the 26th, when the parts had quite healed, and the anal orifice which for some three or four years had been much too capacious, was now reduced to moderate dimensions, neither has the opposite condition occurred, *viz.*, that of undue contraction. Twelve months have now elapsed, and the lady is quite free from her old malady.

CASES IN PRACTICE.—1. REMOVAL OF SUPERIOR MAXILLA. 2. SEVERE INJURY TO THE FACE.

BY J. G. CRANSTON, M.D., ARNPRIOR, ONT.

(Read before the Bathurst and Rideau Medical Association.)

MR. PRESIDENT AND GENTLEMEN—It was my intention to have read on the present occasion a paper on the causes, symptoms and treatment of Typhoid Fever as I have observed it in this section of the country; but my time has been so taken up, in fact, overtaxed since our last meeting, by things and circumstances outside of matters medical, that I have reluctantly been compelled to forego my intention in this respect. But as a slight atonement for the disappointment which my failure to do what you had a right to expect I should have done, may have occasioned, I will, with your permission relate the history, treatment, and results of two cases which have occurred in my own practice during the last fourteen years, and taken almost verbatim from my book of memoranda of cases, which I considered worthy of being recorded.

CASE 1.—On the 20th of April, 1863, I was called to see a farmer's wife, a Mrs. Mooney, living about two miles from the village of Arnprior, aged 56, large and robust, and the mother of a large family, and who had up to a month or so previously, enjoyed, during the whole of her life, the most perfect health. I found her suffering from a good deal of constitutional disturbance, deep-seated and lancinating pains in the right superior maxilla. There was great enlargement and extreme tenderness of the cheek on this side, the hard and soft palates were considerably depressed, the gum much swollen, of a dark and livid colour,