What we most wish to determine here is not the mere existence of ulceration and stricture, for that we know from the symptoms, but the character of the process, whether malignant or benign, and on this point the bougie can give no light. Again, the bougie is a dangerous method of examination in just such cases as these. If an obstruction is met, even the usual one at the promontory of the sacrum, we dare not use even the ordinary amount of force necessary to overcome it for fear of doing fatal injury, for an ulcerated gut may be torn with very little apparent pressure. The rent does not occur from forcing the bougie through the stricture, but from carrying the stricture onward on the point of the instrument in the attempt to pass it.

The point on which the differential diagnosis as to the character of the disease in this case will rest, is the amount of induration and thickening at the ulcerated point. Have we here a large destruction of the mucous membrane, with cicatrization in some places and advancing destruction in others, such as is caused by dysentery; or have we an annular deposit of cancer, from which is coming the blood and pus? To know this we must try and get the disease within reach of the finger, and for this purpose we will etherize the patient and pass the hand into the rectum.

While this is being done, let me give you some other information about the patient, which you will see has a very direct bearing upon the possible line of treatment.

The man is married, has four small children, is a day laborer, and has no means. He cannot even remain in the hospital any length of time for treatment, lest those dependent upon him should want. He has come north with the delusion that he would be cured in a week and return to his work. The problem before us, therefore, is to place a man who is too sick to work into condition to earn a living for his family in the shortest possible time. Now, supposing that we find here simple dysenteric ulceration, what are we to do? Ordinarily the treatment would be prolonged rest in bed, absolute milk diet, and local applications of nitrate of silver or other things—a treatment lasting many weeks, and holding out no certainty even of ultimate cure. On the other hand, should we find malignant disease we should at once do colotomy. All this has been thoroughly explained to the patient, and the decision has been left entirely to him. He knows that if the disease be non-malignant, we can by a colotomy put him back at his work in three weeks; and because of his poverty and the family dependent upon him, he has chosen that method of relief rather than the prolonged and uncertain medical treatment. So, whether malignant or non-malignant, we shall now open the sigmoid flexure; but first we will try and decide which.

At the risk of being tedious, I am going to dwell a moment longer on the indications for the operation in this case. The operation itself is no novel sight in this clinic, as you know, although there will be no one or two points in the technique of this one to which I shall call special attention; and it is much better you should all understand when to do the operation than merely to watch me open this patient's abdomen, bringing the sigmoid flexure out of the wound, and fasten it there. You are all practitioners; an exactly similar case to this may come under your care at any moment; let me ask you if you know of any better treatment for this case than colotomy? Is the case curable by any other means? Possibly. Were the patient able to give us even a month of time, other means would certainly be tried, and I have seen them succeed in just such cases. Certainly I should not do this colotomy at this time unless the patient chose this treatment after a thorough understanding of the case. But after a few weeks of unsuccessful medical treatment I should just as certainly strongly recommend it; and I am willing to do it now, because I know it will at once cure his disease if, as we suppose, it is not malignant. His pain will cease as soon as the gut is opened and the distal portion washed out. He will be able to work at the end of the three weeks, which he can not possibly be by any other plan of treatment. The operation is attended by scarce any danger in his general good condition; he will be comfortable after it is done, and, should he desire it, the artificial opening can be closed when the ulceration is healed. These things we know by past experience. I have taken great pains in many of these colotomies to have the class follow the after-histories of the patients, and hear their conclusion in their own words, and you have yet to hear the first word of dissatisfaction, or to see the first patient desirous of going back to the old order of things. I have a letter here, received this morning, from one of the patients operated upon just a year ago which I have brought for your benefit. We will leave out the thanks and give you the gist of the whole matter: "The artificial anus is nothing. I have a movement from it every morning and think nothing about it the rest of the day. I would not go back to the old condition of things for any amount of money." And this is from a lady in the higher walks of life, the wife of a physician, one of the neatest women in her personal habits I ever have seen, and yet one who had suffered many years from non-malignant ulceration, and was generally spoken of in the city where she resides as "the lady with the air-cushion."

Need I say anything more? If the diagnosis is right in this case, the man will be cured, able to work, and in every way comfortable in a few weeks after this operation; and if wrong, the