

often as 3 or 4 times in 24 hours. Temperature did not rise above 99°. Patient made a good recovery and was discharged well on the 26th of November, 1894. He had good control of his bowels.

On the 16th June, '95, he consulted me at my office. On examination I found two or three small indurated nodules on anterior aspect of rectum at end of incision on either side. They were freely moveable and did not seem to be adherent to surrounding structures to any appreciable extent. Was re-admitted into the Hospital on the 17th and the nodules were removed same day. He did well and suffered very little pain after this operation and was discharged well on the 27th, the 10th day after operation. He had good control of his bowels when he was discharged, but since then I have learned that he has been greatly troubled with constipation and more or less pain.

III. *Carcinoma of Rectum: Operation: Recovery.*—S. M., female, age 60, was admitted in the surgical wards of the V. G. H. on Aug. 6th, 1893, suffering from carcinoma of rectum. The following history was elicited:—Family history good; had always been well until present illness. For the past year patient has had at times bleeding from rectum and intense itching about the anus. Has had little or no pain. Examination revealed an indurated mass on anterior rectal wall, immediately inside the margin of the anus. The growth extended upwards about 1½ inches and its size transversely was about 1½ inches. It bled freely on the slightest touch, and it was firmly attached to the rectal wall and the internal sphincter. Saw the case for the first time in consultation with Dr. Cowie about a week before she was admitted.

Operated on the 29th of August in the following manner:—Made an elliptical incision from front to back of anus, along the ischio-rectal fossae and

carefully dissected the rectum from the structures in contact with it for about 2½ inches—(well up above the growth), and removed about 2½ inches of the rectum. The bleeding, which was not very free, was checked at every step of the operation. The wound was now thoroughly irrigated and cleansed with bichloride solution, 1 in 3000 and dusted with iodoform and the bowel brought down and stitched to the integument. A small drainage tube was inserted in back of wound.

For the first 9 or 10 days parts were kept clean by continuous irrigation. After this, the parts were dressed with iodoform gauze and washed with bichloride solution 1 in 4000. The dressing was changed as often as the circumstances of the case indicated. She suffered very little pain and the temperature did not rise above 99°. She made a good recovery and was discharged well on 29th Sept. She has had good control of her bowels ever since the operation. She is now (19th Sept. '95) in the Alm's House and there is no appearance of a recurrence of the growth.

Correspondence.

To the Editor of the Maritime Med. News:

It was my privilege to have attended the last Annual Meeting of the British Medical Association held in London, and I have jotted down a few items which may not be uninteresting to your many readers.

This gathering was the largest in the history of the Association, and the manner in which every detail was carried out, reflected great credit on the different Committees and the indefatigable Secretaries. I noticed in the prospectus that the Halifax Branch was represented by three members though only one put in an appearance. I was informed by Surg.-Col. Archer,