

painful, and entire relief an impossibility. The first case occurred in a female prostitute, an old syphilitic, who was admitted into the Montreal General Hospital in September 1873. There was a constant discharge of pus from the rectum, although the quantity was not very great, she suffered greatly from pain in defecation, the parts about the anus were sore and excoriated, but there were no condylomata. The stools passed were not formed. She complained of constant distressing diarrhoea, with griping pain in the lower part of the bowels and back. Sometimes the pain would extend down the thighs. There was no vomiting but she complained of flatulent distension of the bowels. On several occasions perfect stoppage had taken place, and this was relieved by enemata which gave her great distress. At no time for months had she experienced a feeling of perfect relief after defecation. There was also a sense of fulness, although the amount of nutriment taken in the day was very small. On examination of the rectum several ulcerated patches with raised indurated edges could be felt, the finger could with difficulty be introduced into the rectum, and then only when the patient was under chloroform. The narrowing of the gut commenced just above the internal sphincter, which latter had lost much of its resiliency, and fluid and gas would pass from the bowel unrestrained. She was put under constitutional treatment, and various local applications, in suppositories with cocoa butter, were made. Very slight if any relief followed, and the pain and misery which the poor creature suffered, induced me to consider the advisability of performing colotomy. This I proposed to the patient, and she at once assented, and in consultation with the medical staff of the Hospital it was decided to perform the operation.

*October 5th, 1873.* The operation was performed in the usual method, adopting the oblique incision of Mr. Bryant, four inches in length, extending from the last rib in the direction of the anterior superior spine of the ilium. The structures were divided to the full length of the first incision on a director, layer by layer. On coming down to the quadratus lumborum muscle, a layer of fat was observed, at this instant the patient,