the large intestine. I thought I could trace the upper part of the large intestine very much distended. I say "thought" because there is oftentimes great fallacy here; you are very liable to come to a wrong conclusion upon that point. It is very difficult to tell whether the bowel you see distended is large or small intestine. The constipation having been of some weeks' standing, and all remedies having failed to give relief, I felt that life could only be prolonged or saved by an operation. This I did by opening the colon in the right loin. A quantity of fæces came away. The operation was performed in September of last year; now she is up and about. All the fæces pass through the artificial anus. She takes her food as well as any of us. But lately, during the last month or six weeks, she has complained of a bearing-down pain about the pelvis. I have had the opportunity of making two examinations of this patient since, and on both occasions I found clearly a tumour coming down into the pelvis—so clearly that, on passing the finger into the rectum, one could easily imagine the finger was in the vagina, and felt a polypus coming down from the uterus. I only hope this may force its way down lower, and that it is a fibrous polypus. Pathologically we know such things do exist. Should it come down and be within the means of Surgical treatment, we may remove it, and save the life of the patient. This, then, is a case of a tumour in the intestine itself producing mechanical obstruction, and necessitating such an operation as I have performed. In another case a hydatid tumour completely blocked up the pelvis, and produced obstruction of the rectum and also of the urethra. In that case I was consulted for the retention of urine. I relieved it by means of an incision, letting out a quantity of hydatids; but the man died from the constipation: the intestine burst, sloughed from overdistention. These are three good examples of obstruction from tumours occluding the large intestine, in which colotomy saved or might have saved life. Never hesitate, therefore, when you get such cases of intestinal obstruction as I have related, to perform such an operation. Do not wait until the patient is moribund before you perform it; colotomise, with the hope of such success as the history of these cases would seem to warrant.

We will now proceed to consider colotomy for the relief of some organic disease of the rectum, and, using a general term, say for stricture of the rectum—recognizing the fact that we may get stricture from cancerous disease (either carcinoma or epithelioma), from syphilitic disease of the rectum, or from simple ulceration, in the same way as you may get in other parts syphilitic, cancerous, or simple ulceration. In a large number of cases there is no doubt