

duced into the rectum on the conclusion of the operation, and the bowels were kept confined for five days. After this, however, diarrhoea came on, and the management of the wound became difficult. A small-sized Ferguson's speculum was introduced in place of the vaginal pipe, and through this the bowel was cleansed. The stools now became liquid and very irritating, were mixed with smooth scybala, and came away partly by the tube, but also by the wound, excoriating the integument in its vicinity. Opium had to be prescribed freely on account of the pain, and yet the nights were restless and the appetite became poor.

About three weeks after the operation the lower fragment of bowel gave way behind, probably from the continued pressure of the speculum, and immediately all the symptoms began to improve. There was now no pain except when the bowels were moved; there was considerable retentive power except when the bowels were relaxed; the discharge became less irritating; the excoriations healed; and the blue line began to appear at the margin of the wound.

March 9th, 1878.—The condition of Mrs. S——, has greatly improved. The bowels now act regularly; there is neither pain nor straining at stool; the motions are natural in size, but flattened; and the sphincter is good except when the bowels are relaxed, when she finds retention is not as good as formerly.

March 31st, 1879.—A considerable amount of cicatrisal stricture has formed around the seat of the operation, and some contraction has taken place, but a medium-sized bougie passes easily, and the motions without difficulty. The symptom complained of most is "painful sitting." To sit comfortable she is obliged to lean well forward, or inclined to one side in a semi-recumbent position. Except during an attack of diarrhoea, which she is sometimes subject to, her sphincter power is perfect.

The great difficulty in the case was the after-treatment. The passage of faecal matter of a very irritating nature over the wound, and the tendency to diarrhoea common to most rectal operations, retarded the healing process, which seemed also to be delayed by the action of the internal sphincter, just as in the cases of fistula. There are few strictures situated so low down as to come within the range of the foregoing operation; but in cases of the sort I think that it might be advisable to perform colotomy in the first instance, and so to carry off the faecal matter by the loin; then, after an interval, the stricture in the rectum might be removed, and a good union secured, and subsequently the artificial anus closed and the motions allowed to pass off by their former channel.—*The Lancet.*