

process. The arguments of Dr. Mason in favor of the theory he propounds are very plausible and fairly stated, but they do not convince us of the correctness of the views advanced. Syphilitic disease of the rectum has been sufficiently well authenticated. If syphilitic disease of the rectum occurs alone from actual contact, by the discharges of the vagina trickling over the anus and hence is alone seen in females, what becomes of the theory of the impossibility of inoculating syphilis in a syphilitic subject from matter taken from a primary sore already existing on that person. Syphilitic complaints in both sexes are sufficiently common, but it is not usually presumed that they proceed from the inoculation of syphilitic matter flowing from a syphilitic sore in some other part of the patient's body, and trickling over the part implicated. Syphilitic condylomata around the anus may lead to infection of the bowel, that it does so always, I think doubtful. But to assume that all cases of ulceration of the rectum and the consequent stricture from cicatrization is due alone to non-infecting chancroid is, to my mind, equally erroneous. There can be little doubt that syphilis will affect the rectum as well as it will other organs of the body. Nor is there anything to be gained by advancing a theory respecting the non-syphilitic origin of stricture of the rectum. That all cases of stricture of the rectum are due to the cicatrization of the syphilitic sores of that part we know is not the case, but it is equally illogical to affirm that all cases have for their starting point chancroidal or non-infecting sores. It would appear that the actual occurrence of syphilitic disease of the rectum in the male is doubted, but I can call to mind two cases in the male, both of whom were young men, and they both died of phthisis, apparently aggravated by the disease in the rectum. I have no doubt in my own mind that had colotomy been practised in those cases that they would have been very much benefited, and possibly their lives would have been prolonged.

In the two cases here reported the entire length of the rectum was ulcerated, the submucous tissue thickened, and the calibre of the gut diminished, defecation was excessively