

pathological sense are curable, but if left alone will go on to cause stricture; or for complications of ulceration of the intestines, in which the ulceration has perforated the bladder, and produced a recto-vesical fistula. I propose to consider it, first, as an operation of expediency—where there is obstruction of the large intestine, and other means have failed to give the necessary relief; and more particularly with reference to tumours. Now, I must ask you to recall to your minds some of the cases I have related in my former lectures, of intestinal obstruction produced by tumours so occluding the return or colon as to produce complete mechanical obstruction. The first case I will recall is one you will remember in which a cancerous tumour was present, hanging from the promontory of the rectum into the pelvis, and so completely occluding the rectum—the case of Mrs. M., aged 46, that I saw in consultation with Mr. Phillips, of Leinster-square. She had suffered from chronic obstruction to the bowel for months, and had been under the care of my colleague Dr. Owen Rees and Dr. West. For one month before I saw her she had been the subject of constipation, and for ten days vomiting and tympanitis existed. Lumbar colotomy was performed with relief, but she died on the third day, on the patient suddenly lifting herself in bed to have the draw-sheet changed.

At the post-mortem examination we found that this cancerous mass hanging over the promontory of the sacrum had on that sudden movement burst, and discharged itself into the peritoneal cavity, producing the collapse and death of the patient. In that case the operation, although unquestionably it would not have saved her life, would have prolonged it and rendered the remainder of it much more comfortable. I do not know that I could have given you a better example of the class of cases which we are now discussing. In the second case we got a better result. It was caused by a growth inside the bowel. A young lady, only 18 years of age, had insuperable constipation for seven weeks, during the whole of which time nothing whatever passed per rectum. Ene-mata had been given her, both by the nurse and by a skilled Surgeon; but they returned always as they had been sent up—not a trace, not a smell of faecal matter came down, and no wind. Owing to the obstruction she vomited, but this never went on to stercoraceous vomiting. She had been in the hands of several Medical men; a Physician-accoucheur had seen her, and could find nothing uterine. I examined her and could find nothing whatever beyond the constipation. I examined the rectum most thoroughly, and could find nothing. And this young lady, only 18, had mechanical obstruction clearly of some kind, completely shutting up the bowel. From the distension of the bowel it looked as if it were