

CASE I.—This was a case that came under my observation early in the year 1876. I was consulted by a medical gentleman of this city in reference to an ulcer situated on the left side of the anus, and extending up the bowel, engaging only the superficial sphincter. It was in a woman aged 58. On examination, the ulcer was about the size of a penny-piece, deeply excavated, with raised edges, the base of the sore being dry, and lacking healthy granulations. The gentleman whose case it was had regarded this as a syphilitic sore, and had made use of constitutional treatment and the application of black wash. It was very painful, and the tenesmus and straining almost constant. No benefit had followed the treatment, but rather an extension of the disease. I advised its removal with the knife. This was consented to by the patient, as her distress was very great. It was removed *in toto*, cutting wide of the disease, and going up the bowel for about $1\frac{1}{2}$ inches. There was considerable hemorrhage, but we tied the vessels as we went on, and in this way saved a considerable loss of blood. It was in the days when we had not at hand the surgical appliances of the present time. This woman made a fair recovery, and the disease had not recurred at the end of two years. The subsequent history I am unable to give.

CASE II.—*Cancer of the Rectum.*—Girl, aged 12 years, admitted into the hospital 7th January, 1876. From appearance, the disease was taken for syphilitic condylomata, very extensive; it presented a broad, flat, raised growth of the mucous membrane, with submucous infiltration. This condition extended up the bowel as far as the finger could reach, with intervals here and there of healthy membrane. Constitutional treatment was in this case followed up for some time, as, although there was no history of syphilis, yet the appearance of the growth was rather suggestive. The growth increased under anti-syphilitic remedies, and the entire circumference of the bowel was engaged. The discharge was constant, ichorous, and bloody. The alteratives were omitted and tonics and dieting carefully followed up. The discharge, however, continued, and produced excoriation of the anus. The disease appeared to be steadily on the increase, so that, with the view of setting the parts at rest, colotomy was performed. This gave apparent temporary relief, and before the child left the hospital all appearance of fæces had ceased to be passed per anum. The progress of the disease was not affected by the colotomy. The patient lived for some nine or ten months after leaving the hospital, and ultimately died from exhaustion or probably from organic implication. I was merely informed by