was closed. This fissure, like some of the others, had a grayish-colored floor, with well-defined hard edges. The young lady had many anomalous symptoms, such as pain and numbness radiating down the leg to her feet ; retention of urine ; almost constant pain in the back and loins, extending from the time of one defecation to the next. For weeks she had been postponing her bowel actions as long as possible, on account of the intense agony she always experienced when the desiccated and hardened fæces passed over this fissue. Her relatives felt sure she was a hopeless invalid. Her mother came with her to " The Retreat," and when I assured her there was nothing like paralysis, as her doctor had suggested, and I felt quite confident that her daughter could be entirely relieved, she was very skeptical. She left in two weeks entirely cured, and now weighs over 140 pounds ; is in perfect health.

The next case was a gentleman, a Methodist minister, who had been a great sufferer for ten years. He stated he had *" blind piles,"* and that over a dozen doctors had treated him. A close examination of his rectum (the first in ten years), revealed a very insignificant but deep crack situated at the anal orifice over the external sphincter, and involving the skin. I also discovered a small, three quarter inch polypus high up, which gave no pain, though I snipped it off. This patient described his suffering upon defecation as agonizing.

It is very evident why such an insignificant little fissure could so prostrate him and produce such intolerable suffering. It was because of the great mobility of the external sphincter, and because the rectum and anus are abundantly supplied with branches from the sacral and pubic plexus of nerves. The location, therefore, and not the size of a fissure or ulcer, will determine the amount of suffering of a patient. Hence the importance of *close, ocular* examination of the anus, and *never* be content to accept his *" blind pile"* diagnosis and treat it.

My patient was for two years without an examination. I have within the past few days received a letter from this gentleman, from Nansemond Co., consulting me in regard to his *new* wife's *front* passage, and in this letter he states, " My back passage is in perfect order since the operation."

The fifth case was a noted " Madam," who keeps a house of prostitution in this city. She came to be treated for uterine trouble. She said several physicians here and two in Baltimore had treated her womb. I found a retroverted uterus, chronic cystitis and spasmodic pains in micturition. I thought these sufficient to account for her haggard and wasted condition. I sent her to " The Retreat," and not for ten days after, seeing no improvement, did it occur to me that I had failed to examine the rectum. When I did examine it, I found a circular ulcer about one inch above the internal sphincter, as large as a silver quarter. I am quite sure the muscular fibers were laid bare in the ulcer. It was exceedingly irritable. I am also sure this was a syphilitic ulcer, as it made but little progress until after she was placed upon iodide of potash and mercury. She left " The Retreat " in four weeks, not entirely cured, but greatly relieved. She comes to my office once a week now for treatment.

As the treatment was different in this case from all others, I will state what I did. I made application of nearly everything I could think of —nitrate of silver, carbolic acid, sugar-of-lead, etc. But repeated curettings did more to break down the well-defined, almost horny edges, than anything else I did. Instead of a twenty-five-cent size ulcer she now has a contracted cicatricial spot, not entirely healed, but healing slowly, and she thinks she is almost well.

I might state just here, that over a month before I saw this patient, a prominent steamboat captain, who has his headquarters in Norfolk, came to consult me about a " terrible case of piles." I found no hæmorrhoids, but the largest fringed margin of the anus I ever saw, and between the external and internal sphincters, an ulcer, if anything larger than the woman's above mentioned. After informing him of his serious condition, and the long time he would propably have to remain quiet, he became alarmed and ran away from me, first to Richmond ; and not being benefited there to Dr. Kelsey, of New York. His brother-in-law told me last week he had spent $1,500, and while greatly benefited and now at home, he was not entirely relieved. I told his brother-in-law before he left me my opinion was that it was a syphilitic ulcer. Dr. Kelsey confirmed this opinion.

This was one of the eight cases of rectal ulcers.

The other two cases were fissures. One, a Baptist minister, who had a polypus dangling in the fissure. He had been treated for several years for " blind piles ; " no examination had ever been made.

The eighth, and last case, was the wife of a prominent merchant of the city, who had been treated for more than two years by a homœopathic with electricity and pessaries for uterine trouble. I found no uterine disease. We had never examined the rectum. It was only necessary in this instance to gently open the anus with my thumb and index finger to see the fissure plainly. When I told her to bear down the pain was so great it would throw the anus into a state of alternate contraction and relaxation. She recognized at once, as I did, that there was her trouble.

Treatment.—There is no operation in all surgery so simple as the one for the almost certain cure of fissure. The ulcer is not so easily relieved

If the edges of the fissure are well defined and