

ties for cancer, has the disadvantage of destroying largely or entirely the action of the sphincters. The removal of the stricture alone seemed the most feasible operation, for by cutting out the narrowed ring, and stitching together two pieces of bowel which were healthy and had sustained no loss of substance in their circumference by the ulcerative process, a union might be expected free from contraction; and approaching the rectum from behind by an incision extending from a little behind the anus to the tip of the coccyx, and by keeping as near as possible the mesial line, so as to run parallel with the fibres and divide into halves that part of the external sphincter which lies between the anus and coccyx, its action would not be ultimately interfered with, and the internal sphincter would be preserved entire. Mr. Jessop of Leeds, who saw and examined the case minutely, considered it a very favorable one for operation, as did also Mr. Knaggs of Huddersfield. Accordingly, on the 5th of December, 1877, having cut down in the mesial line in the interval between the coccyx and the lower end of the bowel, I divided the posterior part of the external sphincter as much as possible into two lateral halves, and turning these aside with the intermingling fibres of the levator ani, I introduced the finger inside the rectum, and pushing it firmly into the stricture I pulled it down from its situation in front of the coccyx, and made it project backward through the external wound. Reaching the wall of the rectum, and having dissected the surrounding stricture from the lateral aspects as far forwards as the recto-vaginal septum, I cut the bowel through above and below the stricture, dissected the ring off the posterior vaginal wall, and stitched the two pieces of bowel together with catgut sutures. Two small vessels spouted, but did not require ligature.

After the operation the temperature gradually rose, reaching its maximum— 102° —on the evening of the third day, and falling again, became normal two days after. The pulse corresponded with the temperature, being 120 the third day after the operation. The catheter had to be used for a fortnight. There was never any abdominal tenderness nor other symptom of peritonitis. The vaginal pipe of an ordinary Higginson's enema was intro-