the sacrum ; the stools were still sanguinolent. On the 11th, the eruption disappeared ; somnolence and general depression increased ; nausea, but no vomiting. On the 12th, he remained in a state of comatose sleep, and died suddenly on the 13th.

Autopsy twenty-eight hours after death.—The body is in a state of advanced putrefaction ; the epidermis separating with the greatest ease ; icteric tinge of the skin the same as during life ; no effusion of blood in the intermuscular spaces ; lungs healthy, but containing a considerable quantity of mucus and blood ; heart soft, containing black blood ; the mucous membrane of the stomach softened, of the colour of dregs of wine ; the duodenum presents traces of sanguineous suffusion, and contains yellow bile ; the rest of the intestines contain mucus coloured with bile ; Peyer's glands are not enlarged ; no morbid alteration in the large intestine ; the liver presents the usual volume ; it is soft, of an uniform icteric tinge ; the vena porta, vena cava, and its principal divisions, are healthy, and contain black fluid blood ; the biliary vesicle contains a considerable quantity of blood ; the spleen is soft, of normal volume ; the kidneys soft, yellow, nearly diffluent ; the brain soft, and presenting the icteric tinge.—*Lancet.*

SURGERY.

ON ARTIFICIAL ANUS.

By Sir P. Crampton, Bart., Dublin.

[In the excellent memoir on this subject, which appeared lately in the British and Foreign Medical Review, (see Retrospect, Vol. X., Art. 58,) the reviewer regrets that for want of a sufficient number of facts, a very material point has been left undecided—namely, as to whether the power of retaining the fæces continues after the perineal operation of M. Amussat.

Sir P. Crampton, at a meeting of the Dublin Surgical Society, said it would give him great pleasure to supply this hiatus, by detailing the results of an operation for artificial anus performed by M. Amussat about nine years since.]

The nature of this congenital deformity was as follows :—" The vagina and anus were both naturally formed externally, but the recto-vaginal septum was deficient above, and only existed inferiorly to the extent of about one-third of an inch, so that the finger could be passed from either canal into the other. The upper portion of the rectum had no communication with the *cloaca* common to the vagina and the anal portion of the rectum, but its closed extremity could be felt at a height of about two inches towards the left sacro-isciatic angle. The anus thus communicated directly with the vagina above the imperfect septum already mentioned, but had no connection with the rectum, which terminated two inches above it, and was, in fact, properly speaking, *deficient* to that extent. Under these circumstances, M. Amussat determined to make an incision anterior to the coccyx, but posterior to, and not involving the vaginal anus, to detach the posterior wall of the vagina from the coccyx and sacrum with the finger or the knife, to reach the culde sac of the rectum, seize it with a hook, detach its entire circumference rather with the finger than by the knife, draw it down to the external wound, open it freely, give exit to the meconium, and secure, by points of interrupted suture, the edges of the opening in the intestine to the lips of the cutaneous wound." For two months the child went on well, the opening being maintained by the introduction of an ivory stopper, not much thicker than a full-sized quill, or moderately-sized pencil case. The introduction of the stopper, however, became more and more difficult every day, and at length the child's mother found it impossible to introduce it. The child was then brought to him (Sir P. Crampton) in the following state :—She passed, with considerable pain, a small quantity of semi-fluid fæces, and appeared in great agony, under which she must have very soon sunk. He enlarged the opening to such an extent as to receive a bougie of sufficient size, the introduction of which it is still necessary to repeat for a few hours almost every day. This case then, he would say, supplies the desideratum mentioned by Dr. Williams, for it appears that the rectum has full power of retaining the fæces. M. Amussat had been severely criticized for not having operated so as to restore the original anus, by dividing the partition which separated it from the rectum above, and so restoring the continuity of the canal : but in that case it would have been impossible to have saved the child from the misery of a recto-vaginal opening that would have admitted of a free passage of fæces from the rectum to the vagina. Whatever may be the ordinary condition, then, of the parts in artificial anus, as relates to the existence or non-existence of a sphincter and levater ani, no such structure could have exercised any influence in the case in question, as the artificial anus was formed between the coccyx and the rectum. M. Blandin's apprehension therefore that incontinence of fæces must be the result of the perineal operation, in consequence of the non-existence of a sphincter, is without foundation.

[Dr. O'Beirne thinks that this case produces abundant evidence of what he has endeavoured to establish—viz., that the existence of a sphincter is not absolutely necessary to the retention of the fæces. This necessity, he believes, is to be attributed to the contracted state of the upper part of the rectum.

Dr. Ireland has taken the trouble to obtain answers to queries on the subject from a lady who had suffered from this accident. One of the facts elicited was, that after the bowels were freed, she had merely to perform the necessary ablutions, and from that time till the next stool, the vagina and rectum remained perfectly free from fæces.

Dr. O'Beirne considers that it is our duty, if possible, to avoid making an opening into any part of the colon, and that in cases of stricture it might be avoided. The failure in the use of instruments in cases of spasmodic stricture, he attributes to want of sufficient boldness in their use, and mentions a few facts to embolden practitioners, and to show the impunity with which the most obstinate constriction of the bowel in question might be overcome.]

These facts were as follow :—Of all the diseases in which constipation is most obstinate, tetanus is certainly the one. In some cases of this disease which had terminated fatally, he succeeded in passing the instrument to a considerable height, but only by means of long-continued, gradually increasing, and determined pressure against the point of resistance ; when first he used this force, he remembered the instrument passed rapidly upwards, as if through a narrow ring, giving to his hand a sensation as if he had perforated the walls of the intestine ; accordingly he withdrew the tube, and was much pleased to see its extremity coated with fæces, and bearing no marks of blood. This circumstance had occurred to him not once but twenty times in the treatment of those fatal cases to which he alluded. In those cases it was found after death that the whole of the colon was so enormously distended as to conceal the other intestines, and to equal in size the thighs of a very large man, while the uppermost part of the rectum was contracted to the diameter of the barrel of a quill, but felt much firmer. On cutting into the intestine at this point, neither the serous nor the mucous coat were found in the least thickened, neither did the muscular coat exhibit any signs of thickening other than that caused by the powerful contraction of its fibres upon themselves. It was quite evident in these