or 8.30 a.m. in summer and 9 in winter. Every report of every inspector was examined by him and instructions given. In spite of manifold obstacles he succeeded in having houses unfit for human occupation vacated. Notwithstanding an indifferent, lukewarm or a hostile board and enemies in authority he made Toronto a healthy city, as the mortuary returns show. This will be seen by his last annual report. Toronto was then far ahead of all the cities in the Dominion. Enemies of the department were continually declaring or insinuating that his system was bad or that there was no system, and not a month before he resigned, out of despair and worn out by worry and discouragement, he asked that veteran sanitarian, Dr. Oldright, to examine his mode of procedure, and this is what Dr. Oldright said: "In pursuance of your request that I should examine into the system adopted in your office and express my opinion upon it, I have to say that I have looked at the various forms and traced the successive steps for the abatement of nuisances and correction of insanitary conditions, for the limitation of infectious diseases, for the regulation of dairies, slaughter houses, junk shops, etc., for recording and filing reports of work done, and for the execution of such other sanitary work as appertains to the ffioce of a local medical health officer. I have had opportunities of seeing the methods employed in Chicago, New York and Boston; and I am glad to be able to say that those adopted by you are similar, and equally well adapted to attain the ends in view."

ONE WHO KNOWS.

Toronto, June 24.

Selected Articles.

ON ULCERATIVE DISEASE OF THE UPPER RECTUM AND SIGMOID FLEXURE.

I wish to call your attention to-day to these two cases, which you will find of great interest and which will repay a very careful study.

You see here two men of about the same age—forty years. One is a strong, muscular carpenter, who has come to us from the South; the other a nervous, slight clerk. The former tells us that he was taken down about a year ago with what was considered at his home an acute dysentery, that he was in bed three or four weeks, and that he has never recovered; that he has lost during the past year about thirty pounds of flesh, though during the past few weeks he has regained some of the lost weight; that he has constant and almost unbearable pain at the end of the spine during the day, but is free from it at night; that he has six or eight bloody, slimy stools also during the day, and that the fæcal matter which he passes is flattened and tape-like, but that he is not troubled with passages of any kind during the night. Mark the effect of rest in ulceration of the rectum!

I have examined this man with my finger, and the examination is negative. Since he has been in the hospital I have also had his passages saved and examined, and we are able to verify his statements concerning them. They are a mixture of blood, mucus, and foul-smelling pus, and the fæcal matter is flattened and ribbon-like.

Take now the history of the other case. He tells me at the beginning that he knows he has a stricture of the rectum. He, too, has been suffering for about a year, though his troubles came on gradually and not suddenly, and during that year he also has lost about thirty pounds of flesh, but, like the other man, he has regained some of it during the past few weeks. He has no pain at any time, though pain is what has brought the other patient to us for relief. At first he tells very much the same story about his passages as the other patient. He, too, has frequent slimy stools and mis-shapen fæces, but when we come to question him more closely we find a decided difference. Both go often to the closet; but this man passes no blood and no pus—only a tablespoonful of clear mucus, and the stools in this case are not flattened, but are lumpy and come away in irregular pieces of varying size and shape. You see how necessary it is, with the most intelligent patients, to be exact and searching in your questions. I have also examined this man's rectum with the finger and I find nothing, and I have brought the patients before you for further examination and diagnosis.

Both of these men represent a class of case the diagnosis of which is attended by as much difficulty as anything in the whole range of medicine or surgery. They come under the care of physician and surgeon alike, and it is entirely possible two examiners of equal acumen will differ in the diagnosis. In fact, I am about to differ absolutely in one of these cases from a man whose opinion I thoroughly respect and whose honesty is unquestioned.

We are here in the presence of disease of just that part of the alimentary canal which it is most difficult to examine—the upper part of the rectum and lower part of the sigmoid flexure—of that part which can neither he reached by the finger from the rectum below nor by the hand from the abdomen above. And ulceration with stricture of this part of the bowel is more dangerous than when lower down, where the rectum is more firmly attached and less movable. One of these patients has flattened, tape-like stools. A stricture in this part of the gut tight enough to cause this symptom