

formed. The symptoms were relieved by the operation, and the patient was discharged from the hospital November 1st. Since the operation the bowels have acted two or three times a day by the artificial anus, the stools being well formed and normal in character.

February 10.—The patient was examined under an anæsthetic, no tumor could be made out, and water injected into the rectum, under a slight pressure, flowed out at the artificial opening.

February 12.—A heavy soft rubber tube, one inch in diameter and five inches in length, secured in the middle with a strong silk ligature, was introduced into the lumen of the bowel through the artificial anus, and held securely beneath the parietes by tying the tube to a pad of gauze placed over and closing the artificial anus. The patient was put to bed, and the tube allowed to remain in the bowel till the following day, with the effect that two large but rather soft evacuations were passed per rectum, showing that the lower bowel was pervious.

February 13.—Patient complained of some pain, and there was considerable swelling of the mucosa, due to the irritation of the tube. The tube was removed with but little difficulty, and the intestine irrigated with boracic acid solution.

February 19.—Having decided to close the artificial anus, the patient was anæsthetized, and Drs. Rollo Campbell and George Fisk kindly assisted me at the operation. An incision was made around the fistula at the junction of the mucous and cutaneous surfaces. The walls of the bowel having been slightly freed, and, before opening the peritoneal cavity, a continuous Glovers' suture of iron dyed silk was introduced to close the fistula and thus protect the peritoneum against contamination. The bowel was then freed from the parietes, the abdominal incision enlarged, and the peritoneal cavity opened. It was found that the omentum was adherent to the abdominal wall and to the intestines, and that the descending colon had been opened when the colostomy was performed. With the hand in the abdominal cavity no tumor or thickening could be discovered in the sigmoid or rectum, so it was decided to close the fistula.