

Completely surrounding the anus was a fungus mass, ulcerated, with everted and ragged edges, presenting much the same appearance as is seen in epithelioma of the lips. On exploring the bowel with the finger, I found that the disease implicated about two inches of the anterior wall; the point of the finger reached above the diseased mass; the rugæ were large, corrugated and thickened, but the mucous membrane above and along the posterior wall was smooth and healthy to the feel. There could be no doubt as to the nature of the case, and I believed it to be one suitable for removal, and advised the performance of the operation. A consultation was demanded by the friends, and I met Drs. Howard and Drake the following morning. These gentlemen coincided with me in the nature of the case, and agreed in the advisability and feasibility of the removal by operation.

Some delay followed in consequence of objections on the part of some members of her family, but finally arrangements were concluded, and the operation performed in the following manner on the 6th of August, 1878. Dr. Roddick acted as my direct assistant, the other gentlemen above named were present, and assisted with their counsel and advice.

A dose of castor oil had been given the evening previous, and the lower bowel well washed out with an enema. Ether having been administered, the operation commenced by making an elliptical incision on either side of the anus. Cutting wide of the disease, the knife sank in well on either side into the ischio-rectal fossa, freely exposing the levator ani muscle. This was divided as far forward as was deemed advisable. There was no chance of saving the sphincter ani, as it appeared to be engaged in the disease. The posterior wall of the vagina, which was perfectly healthy, was readily reflected, and the bowel, freed from its attachments, was easily drawn down. All bleeding points were immediately secured with carbolized gut. At this stage of the proceedings, between three and four inches of the end of the rectum was hanging out of the wound, and I proceeded to ablate, cutting with a pair of scissors directly across the gut, fully above the diseased mass. Having divided about one