

message stating the child was unable to urinate or evacuate the bowels, and that the nurse had given a dose of castor oil, but without effect, except to increase its sufferings. At my next visit I found the abdomen much distended, face livid, child in great pain, with considerable scrotal œdema. A very small sized silver catheter was carefully introduced into the bladder which contained but a small quantity of urine. The anus was then examined, and found, as before mentioned, apparently normal. A probe was then introduced into the anal aperture, but passed only about one inch. A large bougie was next passed and met with the same obstruction. Upon dilating the anus with a small bivalve speculum, no opening whatever was found, but an apparently perfect mucous membrane covered its blind extremity. Upon partially removing the lateral pressure which the speculum exerted, a slight longitudinal groove was observed, and upon distension again, a small whitish line, apparently non-vascular, appeared in the site of the slight groove just mentioned. Through this part of the membrane, I concluded to cut in search of the upper portion of the rectum, and after doing so to the extent of about an eighth of an inch, I encountered nothing but loose areolar tissue which I continued to separate through the speculum, by the aid of a tenotome. A few drops of blood here flowed, which was removed by a sponge dipped in a solution of chloride of zinc, when the bleeding at once ceased. After cutting through this loose tissue, a second somewhat tense membrane was met with, which appeared to bulge slightly, presenting a ridge instead of a groove, as at the first constricting point. This was at first simply scratched with the side of the tenotome until it yielded somewhat, when a distinct bulging was observed. A trocar and canula was then thrust through at the centre of the bulging portion, and upon removing the trocar, considerable gas escaped, followed by the contents of the rectum. About an hour after, the child urinated without difficulty. Patient was left till next morning, when a small bougie was passed. A bougie was passed through the constricting part daily until about the sixth day, when it admitted a No. 19 French. The scrotal œdema passed away in a few days. Each introduction caused a few drops of blood to flow for the first four or five days. Larger bougies were then introduced at gradually increasing inter-

vals, until their use was no longer required. This treatment was continued for about four months, the bougies being introduced latterly at intervals of from two to four weeks. To day the child is in excellent health, and has had no obstruction since March, 1879.

The length of the occluded portion of the rectum was about three quarters of an inch, and was composed of two tightly constricting portions, the first about an inch from the anus, the second an inch and three quarters, while between these two constrictions was areolar tissue, moderately loose, and requiring a knife for its division.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—I understand that some of the candidates for re election in the Medical Council have recently endeavoured to throw the blame of all the discredit into which a most foolish policy has brought the Medical Council, upon the schoolmen, or the representatives of the medical schools in that body. As a matter of simple justice, allow me to give an emphatic denial to such a statement as affecting myself and the institution I have the honor to represent. What has contributed largely and most unfortunately to making the council odious everywhere, to students and to medical men as well, is the most unwise adoption of a considerable number of utterly useless, and very arbitrary regulations, which have been, one by one, sometimes several at once, pressed with singular persistency until adopted. The one which audaciously robs students by retaining their entire examination fees is one of the worst of these, and the others have been already pretty fully discussed in your columns. The faculty of Trinity Medical School have no sympathy whatever with any of these unwise and arbitrary regulations, simply because they hope that the council may not only *last*, but become popular with the entire profession. They would like to see an increase in the number of the territorial representatives, and an early re arrangement of the most awkward and unwieldy districts now existing. They would like to see the term of office shortened, so as to enable the profession to pronounce in say three, instead of five years, upon the course pursued by the gentlemen elected. They advocate the publication of the proceedings of the