

on either side were divided with the scissors. The bowel was now free and could be drawn down, and was divided with the scissors, and as divided it was attached to the skin of the anus by four sutures on either side. There was very little hemorrhage, as the vessels were picked up as divided and, when necessary, ligatured with fine catgut. The fold of the peritoneum, where it comes down between the rectum and vagina, was freely exposed, partly detached from its rectal surface, and pushed back. This was effected without damage to that membrane, as the loose connective tissue readily separated. Large-sized drainage-tubes were introduced both in front and behind to the full depth of the wound; two stitches were introduced in the perineum and brought the parts well together. The parts were well dusted with iodoform and dressed with dry lint and a pad of marine tow, the dressing held in position by a T bandage. The operation was tedious, as at certain stages great care had to be exercised. The separation of the bowel from its attachments was effected with the finger and a few snips of the scissors; fully four inches of the bowel was removed, extending well above the implicated surface.

Evening, 9 p.m.—Patient quite recovered from the ether; is comfortable; complains of slight smarting about the wound, but it is not distressing. Pulse 88; temperature 99°. The nurse was instructed to remove the urine with the catheter. Patient had taken a little iced milk, but did not care to take much; she was nervous, and not inclined to sleep, so that $\frac{1}{4}$ -gr. of sulph. morphia was given hypodermically.

Feb. 4th.—Passed a good night, felt well and refreshed. Temperature 98°; pulse 76. The case progressed rapidly towards recovery. The temperature never rose above 99.4°; this was on the sixth day, and was apparently due to the irritation of the stitches, several of which were removed. The parts closed rapidly, and she left the hospital for her home on the eighteenth day after the operation. At that time she was aware when the bowels were going to act, and could make preparations.

I have since heard from this patient. She is improving in health and general condition. I shall watch the results with interest.

I have to acknowledge the kind assistance of my colleagues, Drs. Roddick, Shepherd and Bell, who were present and gave valuable aid and advice throughout this case.