

continued in fair health attending to her household duties until the latter part of July, when she returned to me, complaining of a little pain. On examination I found a small hard tumor just within the sphincter. The sphincter was rigid and unyielding and there was an enlarged gland in the right groin. I saw her again during the month of August and found the disease advancing rapidly, enlarged glands in both groins, pain across the back and down the right hips. I advised extirpation of the rectum. Before consenting she went to Toronto and consulted two surgeons. They declared the disease to be cancer, but objected to an operation, and told her to wash the parts with fluid extract of witch hazel, and further that there was nothing but to endure and die. On September 8th Dr. J. A. Mullin, of Hamilton, saw her in consultation, and agreed that her disease was without doubt cancer. During the months of September and October the pain in the right sciatic nerve had become excruciating and unrelenting, the function of the parts increasing the suffering; no sleep obtained unless under the influence of narcotics. November 5th; the tumor had increased in size very much, involving the whole of the lower part of the bowel and extending upwards three inches. The sphincter was indurated, rigid, and unyielding; several small tumors had formed outside around the anus. She was tortured with pain, and urgently pleaded for an operation, saying she preferred death rather than endure such suffering. On November 15th, assisted by Dr. A. Hamilton, of Port Hope, the patient being under the influence of chloroform, I excised the whole circumference of the rectum, dissected the bowel up without difficulty for six inches, drew the gut down, and removed nearly four inches. I then attached the stump of the rectum to the skin, with six silver wire sutures. There was no hemorrhage of any consequence, and no vessels to tie. The wound healed in one week, except a little pocket between the bowel and vagina; removed all the sutures on the fifth day. The patient made a rapid recovery, and went home on the 18th of December. Before leaving she had fair control of the bowel, had gained in flesh and improved in appearance. The pain had entirely ceased, and she expressed herself as very much pleased with the result of the operation. February 7th, 1884; I had the opportunity of examining this patient, and found the rectum free from disease; the

glands in the groin about the same size; no pain. The patient sleeps well, feels strong and has gained very much in flesh; has fair control of bowel. There is one thing certain about this case and that is, if the operation does not prolong life, it has been the means of giving the patient great relief from her sufferings. I shall watch the result of this case with some interest.

THE TREATMENT OF ULCERS.

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To describe ulcers in all of their details, as to etiology, nosology, pathology, etc., would be to write a book, hence in this article I wish to confine myself solely to the treatment of ulcers.

Ulcers in years past (especially chronic ulcers) have been the opprobrium medicorum. In every community are to be found persons suffering from ulcers. In many cases these have been treated by various kinds of ointments, and finally after months and years of fruitless effort to cure them, the patient's have been told not to heal them for "as sure as you do, it will go to your lungs." I find it to be a popular notion that the cure of ulcers is detrimental to the health. As a result of these erroneous impressions there are persons who suffer from chronic ulcers for years, and even a lifetime without attempting to obtain relief. In standard works on surgery, ulcers are divided into various classes; but as all ulcers are merely so many forms of inflammation with solution of continuity of the soft parts, and with formation and destruction of normal elements, the most rational classification, it seems to me, that can be adopted is into *acute* and *chronic ulcers*. In order to give my method of treatment I shall describe one or two typical cases which I have met with in practice.

Case I.—Wm. B., aged 32, printer and mechanic. Saw him first on the 27th of August 1883. Upon enquiry I found the family history good. The ulcer was situated just above the ankle-joint. When first seen by me it presented the following appearance; ulcer extended half way around the leg; deep ragged edges; the surface covered with a quantity of pus; leg considerably swollen; edges of the ulcer extremely hard. As the patient was anæmic I ordered a mixture of iron and quinine followed by cod liver oil and