

The history as given by the patient was this : On the 9th December, 1870, at the moment that she received the unexpected tidings of the death of a brother, she was suddenly seized with acute dysentery. This became chronic, and exhausted her by the severe pain, frequent evacuations, and hæmorrhages which accompanied it. At short intervals acute attacks would be engrafted upon the chronic state, apparently excited by indiscretions in diet or unusual fatigue, and in some of these her condition became alarming. In her written statement she says : " I have been ill for five years ; even when able to sit up and go about the house I have had constant dysentery ; the smallest number of actions from my bowels being eight, all containing blood and mucus. It was no rare thing for me to have twenty-seven and more actions a day ; on these occasions I would lose a large quantity of blood. I lost colour, appetite, strength and spirits, while my nervous system was in a most painful condition."

On the 19th September, 1875, Dr. H. F. Walker anæsthetized the patient, and I proceeded to make a thorough examination of the rectum. After etherization she was placed in the left lateral position, and, after stretching of the sphincter ani by the fingers, a long duck-bill speculum was introduced. This was held by my nurse exactly as in vaginal examinations, while by a depressor I pressed downward the anterior rectal wall. No one who has not examined the rectum in this way can imagine the facility with which the whole canal can be seen. In this instance it was perfectly exposed up to the sigmoid flexure. I now cleansed it of all fæcal matters by a long glass tube so bent upon itself at its upper extremity as to throw a stream of water from a Davidson's syringe back towards the anus. Throughout the whole extent of the intestine exposed to view, the mucous membrane was seen swollen, œdematous, hanging in hæmorrhoidal masses and studded with deep ulcers with grayish bottoms. It was greatly engorged, and presented that deep red, almost violet hue which is seen in the throat in cases of diphtheria. On this occasion no application was made, and, as the anæsthetic had disturbed the patient's stomach and rendered her nervous, nothing more was done until September

30th. Then, ether being again administered, and the bowel thoroughly cleansed, I wrapped a small piece of white cotton around the end of a whalebone rod, and, dipping it in commercial nitric acid, lightly touched the swollen mucous membrane and all the ulcers intervening between the sigmoid flexure and the anus. No superfluous fluid was allowed to attach itself to the cotton, and the cauterization was nowhere so decidedly practised as to render the occurrence of sloughing possible. Upon recovery from the anæsthetic a slight amount of pain only was complained of, and writing of the subsequent effect the patient says : " It soothed me and I slept well. This was the first real respite which I had experienced in five years." At this time the patient was confined to a milk-diet as much as possible, and limited as to exercise. This application proved of decided benefit in diminishing the number of evacuations, the amount of blood passed and the degree of pain experienced. On the 6th October, another application of nitric acid was made. This proved still more beneficial. After it the milk diet was more strictly adhered to, and exercise was more restricted. On the 11th October, the third and last application was made ; the ulcers had almost entirely disappeared, the mucous membrane was much less swollen, and the appearance of engorgement much modified. After this the milk diet was strictly adhered to and the patient for ten days confined to bed. The result of this application surprised me. Blood ceased to pass with the evacuations ; these in three days became limited to one in twenty-fours ; all pain ceased ; and the patient rapidly improved in general health. On the 22nd of October the patient left her bed, began to eat small amounts of animal food and bread, rode out every day, and on the 29th of October returned to her home in Kentucky.

To me this case presents itself as one of great significance. I cannot look upon the result obtained as an accident alone, and I regard it as one second in interest to none in my experience. Here we have a case of chronic dysentery of five years' standing, cured by three applications to the ulcerated rectum, the whole time of treatment being comprised between Sept. 30th and Oct. 29th. Some may lay great stress upon