The stitches were also put very close together. The sequel shows that perfect coaptation must have been secured. I really do not know whence the small quantity of fæces came which was on several occasions observed previously to the removal of the drainage-tube. I am inclined to believe that it may have been from some fæces not reached by the sponge in our attempts at emptying the sac, or from a third sinus which had been unobserved, and which had been situated in the large intestine, as the quality of what was discharged was different from the milky-looking chyle which one sees in a case of a fistula of the small bowel. If so, the opening must have been small and must have spontaneously closed up as the other parts healed. Much advantage was derived, in the healing of the irritated surface, by the gelatine and paraffin dressing, which was suggested and carried out by Dr. Cockburn, to whom I owe thanks for his kindness in this connection. The distress from the raw abdominal surface caused by the stinking discharge was truly awful for some time. I have stated that this case appears to me in some points unique, and I still think so. This extraordinarily perfect recovery after resecting six or seven inches of bowel is very encouraging indeed, and ought to make us less frightened if in case of accident during abdominal operations, the intestines should unfortunately be injured.

Of course, resection of the upper end of the intestinal canal for cancer of the pylorus and stomach, etc., has been practised with more or less success by Billroth and other surgeons. But the cases that I have met with which came nearest to mine are two recorded by Professor Edward von Wahl, of the Dorpat Hospital in the *St. Petersburger Medicinische Wochenschrift*, and referred to in the *British Medical Journal* for May, 1883, p. 1015. These were, a case of resection in which two and a half inches of intestine were removed and the opposing ends brought together with a single row of catgut sutures, in order to cure an artificial anus. In this case the patient died on the third day from peritonitis, in consequence of two suture becoming loose. The part removed proved to be a portion of the transverse colon. The other case was one in which Professor Wahl, finding intimate adhesions between a dermoid cyst and the ascending colon, preferred to remove the portion of colon rather than separate it from the tumour. The reason assigned is that the tumour was already, especially along the line of adhesion, undergoing malignant degeneration. In this case a double row of sutures were employed, one set embracing the mucous membrane and the muscular wall, and the other bringing the serous membranes into contact. This case did well for a month, and then went to the bad, apparently from malignant disease. It is clear in this case however, that the union of the bowel surfaces had been complete, a result which appears to me to have been essentially due to the increased number of stiches. But I will not weary you with any further remarks on this case. After the fact, I have several things to regret—1st. That I did not examine the exact state of the uterus and ovaries. 2nd. That I did not retain the excised portion of bowel. But this cannot now be helped and must be endured.

[For the above very interesting article we are indebted to Dr. H. Aubrey Husband, of Edinburgh.]—Ed. Lancet.

CANCER OF THE RECTUM—OPERATION.

BY R. A. CORBETT M.D., PORT HOPE, ONT.

Mrs. H—aged forty-four years; resides in the Township of Hope; farmer's wife; mother of two children; always healthy up to present illness; family history good; no hereditary taint. First consulted me on February 5th 1883. Had been complaining since summer previous. Did not look unhealthy; was fairly nourished, but had become thinner lately.

Symptoms: a gnawing pain in the arms; aching pains across lower part of back, and shooting down right hip resembling sciatica; bowels irregular, but generally costive; passed blood occasionally; supposed she had bleeding piles. On examination I found an irregular tumor situated on the posterior part of the rectum, extending up about four inches, and the size of a goose egg. I decided to remove it, and on February the 19th, assisted by Dr. J. Might of Port Hope, the patient under the influence of chloroform, I removed the growth. It was easily broken up and looked like encephaloid cancer; there was not much hemorrhage. The wound healed rapidly; all pain ceased; her appetite increased, and she went home on the 22nd of March, very much improved in appearance. She