

but temporary. These symptoms had but recently set in ; up to the end of November he had enjoyed comparative comfort. In consultation with my colleague, Dr. Shepherd, we determined that one of two things had to be done,—either perform colotomy or remove the lower end of the rectum. As the disease appeared to be limited to the lower portion of the bowel, it was decided to recommend its removal, and if the disease returned, which in all likelihood it would, colotomy could subsequently be resorted to. The operation was performed on the 19th January, 1885, or about fourteen months after the first operation. On this occasion the entire circumference of the bowel was removed. The bowel freed from its attachments was brought well down, and after ablation the stump was stitched to the edge of the integument. He made a rapid recovery, and left the hospital at the end of three weeks. At this time he had partial retentive power, was sensible when the bowels were going to act, and could delay it sufficiently long to enable him to make suitable preparations for cleanliness.

I find, on reference to my note-book, that this patient returned in August suffering from symptoms of obstruction. He was greatly changed ; from being a stout, robust man, he had become emaciated, and presented a well-marked cachectic appearance. The disease had returned, and had almost closed the outlet. Colotomy, as a palliative, was recommended, and performed on the 27th August. This gave him great relief, as before it the sense of distension was distressing ; without doubt it prolonged his life in comparative ease, but he gradually sank and died on the 27th December following, or four months after the last operation.

CASE VIII.—Mrs. C., aged 45, a tall, spare woman, consulted me on the 19th January, 1886. She gave me the following history : For several years she has been of a constipated habit, and had required the use of aperient remedies to obtain relief. Towards the end of July last she experienced great distress ; she had no expulsive power, as there appeared to be something in the bowel which she could not get rid of. This feeling of fullness gave rise to straining and spasm, which was painful ; occasionally she would pass blood in some quantity and sometimes small hard, dry masses, and occasionally had diarrhoea. Her physician had made an exploration with the finger, had pronounced it to be a case of internal piles, and had given her a sulphur and cream of tartar electuary, with some ointment to