finger will readily detect near the upper border of the inner margin of the external sphincter a more or less complete ring formed by soft, elastic, and compressible tumours, which vary at different times and under various circumstances in their size, form, colour, and consistency; they are liable to become inflamed, indurated, and ulcerated, when the throbbing pain and other distressing symptoms will subside, at the same time that increased purulent or sanguineous discharges will afford temporary relief, and in some fortunate instances a permanent cure is effected. Moreover, if the digital is corroborated by the specular examination, no doubt can exist as to the nature of the affection we are called upon to treat.

b. *Ischio-rectal abscess* presents itself under the forms of superficial or acute, and deep-seated or chronic.

1. *Superficial or acute abscess* is generally preceded by all the symptoms of irritative fever: throbbing, shooting, darting pains through the anal and perineal regions. On examination, a hard turbercle will be felt on one side of the bowel, at about its middle portion which, increasing, will press more or less upon the rectum, inducing constipation, sympathetic irritation of the urethra, bladder, and prostate; œdema, externally, of the subjacent tissues, and a livid spot indicating the locality of the tumour, in which suppuration very early takes place, rigors frequently marking the advent of this process. The pus may either be discharged in the bowels, or externally by the side of the anus; this bursting of ischio-rectal abscesses is one of the most prominent causes of fistula-in-ano. These morbid collections are more frequently met with in subjects of strong and otherwise healthy constitutions.

2. *Deep or chronic abscess* comes on very insidiously and is more often met with in persons of weakly and lymphatic temperaments; the pain is of a more obscure nature, and little local inconvenience is experienced unless, as in the acute variety, it should interfere much with the functions of the neighbouring organs. The pus increasing will point more frequently towards the intestine, where there is less resistance than towards the margin of the anus; pressure by the finger is productive of pain, and a tumour of variable size, with a distinct fluctuating feel will be easily detected. If the pus—as soon as it is formed—is not evacuated either by natural or artificial means, it will burrow around the anus, through the nates and even down the thighs; it may induce fatal peritonitis by opening into the abdominal cavity through the recto-vesical fold of the peritoneum, or less directly by the extension of the irritation.

c. *Fistula-in-Ano* is more frequently observed in persons of sedentary habits and weakly constitution, and is, oftentimes, a symptom or accompaniment of chronic or slow disease, more particularly phthisis pulmonalis. It may be *complete* or *incomplete*. It generally results from the suppuration of hæmorrhoidal tumours, abscesses caused by contusions, wounds, or the irritation of foreign bodies. There is deep-seated pain and uneasiness for some time after defecation; an external examination will discover on one side of the anus a small ulcer surrounded by an elevated bluish red margin, and through which there is a constant discharge of reddish fluid, at times very thin, at others thicker and partaking of the nature of pus, so that it is almost impossible for the patient to keep himself in a comfort-