

ation has been made thus far, and treatment has only been through the mouth. She has had very obstinate constipation. Costiveness of a very pronounced character is common in women. Men are generally glad to defecate when the desire comes; but women do everything to put off the act, from over-modesty or other causes. This statement holds good not only with reference to the bowels, but also as regards the bladder. You have no idea how often the most violent cystitis is produced by continually restraining the desire to urinate. This patient tells me that her bowels have not been moved freely for *seven years*, and are never moved at all except by the use of medicines. She says that defecation gives her so much pain that she puts it off as long as possible, and so never takes purgative medicine except once in ten days or so, when she buys an ounce of sulphate of magnesia.

I have had the woman put thoroughly under the influence of ether, so as to allay spasm and relax all the muscles, and shall now proceed to make a most careful examination. There is very evidently a post-uterine tumor of some sort or other, which I think will turn out to be a hardened collection of fæces. I shall also probably bring to light one, if not more, fissures of the rectum. Let us see what goes on in a case of obstinate constipation. A species of fermentation ensues, and a large part of the fæces are reabsorbed, giving a yellowish tinge to the complexion, and bringing on a chronic torpidity of the liver. With my finger in the vagina, I discover the womb pushed upward and forward, and behind it a hard tumor. I shall now have to make a thorough rectal examination; but before doing so, it will be well to have my hand and fingers covered with carbolized oil. I am going to use my left hand for this dirty work (I shall probably have to remove the impacted fæces by hand), and I want to enforce upon you all the necessity of being able to work as well with your left hand as your right. Suppose that I were called an hour hence to make an examination of a pregnant woman. I might produce the very gravest results were I to use the same hand that I am now using, for I could not be absolutely certain that it was free from impurities. However thoroughly I might cover it with carbolized soap and water, some little taint might still remain, enough to produce septicæmia in a pregnant woman. So all of you should learn to use your left hand when occasion demands, so that the right hand may be reserved for cleaner and more delicate work. Now, what do I discover with regard to this post-uterine tumor? I can indent it slightly by pressure. It is probably a collection of hardened fæces. Two years ago the woman had a child, and if there had been any impaction it would then have been forced out by the descending head. There are three points in the large intestine where obstruction may occur; it rarely, if ever, occurs in the small intestines. These three points are—the caput caecum in the right iliac fossa, the sigmoid

flexure, and the rectum. Movements of the bowels occur in some women only after very long intervals. Dr. G. B. Wood speaks of one case where there had not been a movement for the space of six months. Where there is such stubborn constipation we generally find, upon examination, a fissure of the rectum. This always renders defecation very painful. Constipation would give rise to all the symptoms of which this patient complains. Thus, the menorrhagia and leucorrhœa would be caused by the congestion of the womb consequent upon the stasis of the blood in the vessels of the intestines. This might also produce fissures and bleeding piles. The frequent tenesmus may be very easily mistaken for bearing down pains.

I am going to set to work and break down and remove this collection of hardened fæces. This sometimes requires the handle of a spoon, but I think I can bring them down with my hand in the present case. But first, let me see if I can discover any fissure in the rectum. To do this I pass one finger into the vagina and evert the lower portion of the rectum. There is a small fissure on the posterior wall. Fissures may be cured in two ways, viz: (1) By cutting through the adjacent muscular fibres; and (2) By over-stretching the sphincter ani. I much prefer the second method. To do this, insert your two thumbs into the rectum and pull them apart until the sphincter begins to yield, or you feel the rami of the ischia on each side. To do this requires the employment of considerable force. Having stretched the sphincter I am now the better able to remove the fæces. As far as I can reach I feel lumps of hardened fæces. I am able to push them down by the aid of a finger in the vagina. Here is one lump which has entirely lost its fæcal odor and seems to be covered with a sort of false membrane, so long has it been retained. In the present instance, I am able to break up these lumps with my hands, but in some cases I have found them so hard as to require the assistance of a pair of polypus forceps to remove them. I have now removed all the lumps, and am glad to see that the womb has gradually been falling back into the place. Evidently the tumor which she has felt for so long a time was nothing but hardened fæces.

Upon what treatment shall I place this woman? To-night I shall order her ten grains of blue mass, and to-morrow morning two tablespoonfuls of castor oil. I think that I have removed all the hardened fæces; but if it turns out that the transverse colon is obstructed, she must be given a "gravity injection," filling up the entire lower bowel. Of course this must not be given while she is under the influence of ether, or we should have no guide as to the quantity of water injected, and thus might inject so much as to burst the bowel. As regards after treatment, the patient must be taught to go to stool regularly every day, and to eat certain kinds of food only. For medicine I shall order the following prescription: