The weight of the fæces had caused the colon to descend considerably below its normal position, like an inverted syphon; the fæces, therefore, had to ascend, and then could not pass over the fixed point where the constriction had taken place, the weight of the colon making this part an acute angle, and so producing insuperable constipation. When the opening was made into the upper portion of the colon, the weight of the fæces was taken off; the accumulation in the lower part was then forced upwards and made to pass through the rectum."

After the wound was healed, and the patient able to be around, he complained of a great deal of pain through the pelvis, radiating down the right thigh. He would have an evacuation of mucus per natural anus five or six times a day; and the disease in the upper part of the rectum seemed to be steadily progressing. Two and a-half months after the operation, the small hard ridge that I detected during my first examination, widened out into a thickened mass surrounding nearly the half of the upper part of the rectum. I was unable to decide whether the growth is malignant or not, but I am of the opinion that it is. If the disease should ever get well so as to leave no danger from future obstruction, could the opening in the loin be closed up, as I encouraged the patient to believe? There are cases on record where the artificial anus has contracted, and closed by nature. In the *Am. Four. of Med. Sciences*, Oct. 1873, Dr. Erskine Mason, in an able article on lumbar colotomy, expresses the opinion that the artificial anus could be closed up; but he says in the same article that Mr. Allingham states in his work on diseases of the rectum, that he has made attempts to close this opening, but as yet without success, and this also, Mr. Allingham states, has been the experience of Mr. Bryant. In the *Boston Med. and Surg. Four.*, Oct. 3rd, 1878, Drs. Cullen and Homans, report a case in which they tried to close the opening, but did not succeed They had decided to wait several months, and if the contraction of the wound which was then going on rapidly had ceased to take place, to operate again.

In regard to morphia causing constipation in these cases, Sir Jas. Paget remarks in connection with a case that he operated on for cancer of the rectum; that since the fæces had been no longer subjected to the influence of the rectum, morphia had completely lost its power of constipating, so that the patient could enjoy this drug without becoming constipated. Mason says that he has never seen this statement confirmed by other operators, nor has his experience verified it. In this case we tried morphia and other opiates, but they constipated him so that he preferred to suffer the pain in the pelvis rather than the inconvenience from constipation. On the 19th of December, three months after the operation, our patient started for his home in Glasgow, Scotland, arrived there safely, stood the voyage well and attended to his own wants all the way.

I report this case more for the purpose of recommending general practitioners to try this operation for the relief of their patients requiring it. It would seem to me that a great many general practitioners with a limited experience in surgery think that these operations are only to be made a success in the hands of more eminent surgeons in the large hospitals. I think that nearly all eminent surgeons within the last twenty years speak favorably of this operation. In E. Mason's article in the *Am. Four. Med. Sciences*, he says that the diseases for the relief of which it has been done, and for which we advocate its adoption, are these: cancer, intricate stricture of the rectum or colon no matter from what cause, obstruction from the pressure of tumors, ulceration of the rectum or colon in some of its phases, and for the relief of vesico-intestinal fistula, especially in the male. He also says in the same article, among the names of those who have probably done most to cause this operation to be favorably received and now so generally done throughout the United Kingdom, though it may be chiefly in London, he would mention the names of Curling, Hawkins, Holmes, Bryant and Allingham, though we are by no means unmindful of the other hospital surgeons of London who have done much in this direction, so that at the present it might be difficult to find one who has not both performed and publicly advocated the operation. Mason also says that in the majority of cases the operation will be found easy, and as far as the life of the patient is concerned, safe.

Mr. Maunder in a clinical lecture published in the *London Lancet*, Jan. 1878, says that he has operated thirteen times, eleven in the left, and two in the right loin. He also says, that in more