

cepting his sight, since the variola. He had never been vaccinated. He had brown hair, and grey irides. It was twenty years since the small-pox. He was a thin, pale man. The irides were of good lustre.

The pupils dilated widely with atropine. The lens, humours, etc., were quite clear. The fundus oscillated in such constant motion, shaking like the head in paralysis agitans, that it was difficult to focus any part. Voluntary effort increased rather than diminished this; and when he was told to fix his eye on any object the fundus only shook the more. The optic discs in both were yellow white; large, with ill-defined margins, and extremely anemic. Some of those who examined the eyes thought there were no vessels visible in one of them, and the merest threads in the other. I could, however, distinctly perceive vessels of extreme smallness in both. In both, the fundus was dotted over with patches of pigment. Both retinæ and choroids were atrophied. Considering the extent to which the disorganisation had proceeded, the wonder was that the man could see at all.

Original Communications.

OBSTRUCTION IN THE RECTUM CAUSED BY A CARCINOMATOUS TUMOUR; SUCCESSFULLY RELIEVED BY LUMBAR COLOTOMY.

By T. B. CURLING, F.R.S.

ON Feb. 14th, 1863, Dr. West requested me to accompany him a short distance into Essex to see a lady who was labouring under obstruction of the bowels from a tumour in the rectum. We found her in bed, weak and depressed, and suffering from constant sickness. There had been no action of the bowels since the 9th. Mr. Davey of Romford, who was in constant attendance, met us in consultation, and gave me the following account of her case.

She was 36 years of age, the mother of eight children, and had always enjoyed good health, with the exception of an intermittent fever contracted in India, and a miscarriage six years ago. Her mother died of cancer of the uterus. At the end of September 1861, being then two months gone in pregnancy, she rode fifty miles on horseback, and immediately miscarried. There was no hemorrhage or other untoward symptom, and she recovered almost completely in about three weeks. She then began to complain of bearing down and obscure aching pains in the uterus. There was no discharge; but the uterus was large and rather tender, and the catamenia were irregular. These symptoms persisted, more or less, until August 1862; when, during a visit to her native place in Scotland, she wrote word that she was quite well, and able to climb the hills and exert herself as well as ever. After one of these hill-climbing expeditions, she was suddenly taken with profuse menorrhagia and a return of her old pains. As these symptoms continued, she was advised to see Dr. Graham Weir of Edinburgh, who found the os uteri patent and ragged, bleeding freely when touched; the uterus hard and large, and but slightly moveable in the pelvis. He diagnosed cancer. After a residence of some months in Brighton and London, she returned to her home in Essex early in January 1863. At that time, the uterus was completely immovable, and of cartilaginous hardness; and a large scirrhus mass had formed in the anterior wall of the rectum, and compressed the bowel against the sacrum. There was constant tenesmus, and she had lost flesh and become very sallow. A fortnight afterwards, a recto-vaginal fistula formed; and with the exception of very small quantities of liquid

matter, all the fæces passed by the vagina. On Feb. 13, no fæces having passed by the vagina or bowel, and medicine having failed to obtain evacuations, Mr. Davey made an examination, and found both the rectum and the vaginal fistula completely closed, so that a No. 6 male catheter could not be passed. Dr. West was summoned, and concurred with Mr. Davey in the necessity for an operation.

After my arrival on the following day, I made a careful examination of the rectum, but could find no passage, the bowel being obstructed by a solid hard tumour of considerable size. The sickness and depression rendered the case urgent, and an immediate operation was decided on. Chloroform having been administered by Mr. Davey, the colon was opened in the left loin. The bowel was reached without difficulty; but it was contracted and deeply seated, so that it had to be dragged to the surface before being opened. The margins of the opening in the bowel were secured to the skin with three sutures. The irritability of the stomach quite ceased by the following day; and on the 16th, she was able to take food freely. There was a free fecal discharge from the loin.

On the 18th, her general condition was much improved. The bowel had sunk, so that the opening was deeply seated, the skin attached to it being inverted, which continued until the sutures ulcerated through. The wound, however, went on well, and became gradually reduced in size and depth; and after a month there was a slight tendency to prolapsus.

Towards the end of March, a fistulous communication took place between the bowel and bladder, and the urine escaped freely by the wound in the loin; only a small quantity of flatus and urine tinged with fæces passing through the urethra. She became gradually weaker, and died of the cancerous disease on May 9th, having survived the operation three months.

Mr. Davey wrote to me that she was almost entirely free from pain after the operation, and improved very much in spirits, complexion, and general condition; and about six weeks before her death she could walk about the house, and went out daily in a Bath-chair. The wound in the loin was perfectly healthy in appearance, and had contracted to about three-fourths of an inch in diameter. The aperture in the colon was round and smooth, and afforded ample room for the escape of solid fæces. The mucous membrane sometimes prolapsed to the extent of an inch. The body was not examined after death.

This is the eighth case of lumbar colotomy in the adult which I have performed or assisted in; and of these, five survived and derived advantage from the operation. In this instance, life was prolonged some months—not, indeed, without serious drawbacks, owing to the continuance and advance of the carcinomatous disease; still it must be remembered that the operation was unattended with pain, and was followed by an early relief of distressing symptoms. The success which has attended the operation of lumbar colotomy in persons weakened by organic disease and want of nourishment, shows that it is not so formidable and dangerous as is commonly supposed. The inconvenience of an artificial anus in the loin is not considerable, and is far less than what is caused by the incontinency which usually exists in cancer of the rectum.

ARTIFICIAL ANUS.

By THOMAS O'CONNOR, Esq., March, Cambridgeshire.

I was called on May 28th, 1862, to A. C., a woman 65 years old, of very thin spare habit and unhealthy aspect. She had a fall down stairs a week before; she rolled from the top to the bottom of the stairs; and from that time complained of pain and tenderness in the belly,