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 anæmic. 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 hæmorrhage 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 immoveable, and of cartilaginous hardness; and a large scirrhous 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 fæcal 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,

with frequent sickness. This story suggested that there might be a hernia. I asked if she had a swelling in either groin; to which she replied she had not. I, however, placed my hand on the usual situations of rupture, and found a swelling of about the size of a large hen's egg in the left groin, which I assumed to be an oblique inguinal hernia. I told her she was ruptured; and that this, no doubt, was the cause of her suffering.

I proceeded to reduce the hernia by the hand. After about twenty minutes manipulation the swelling disappeared, having given clear and unmistakable evidence, as I thought, of the return of a protruded bowel into the cavity of the abdomen. The bowels had not been relieved for two days. I gave a black dose, which acted freely during the night and next day. I then advised that a truss should be worn. Being an exceedingly modest person, she would not trouble me to adjust a truss; she said she could do that herself, with the assistance of a neighbour who had some experience in trusses in her own person. I sent three or four sizes for her to choose from, called in two days, and found her very comfortable with her truss.

My visits now ceased, but in a week (June 7th) she again sent for me. The truss hurt her, and she asked whether I would exchange it for another. She was now suffering from an acute attack of diarrhœa. I removed the truss, and found a hard swelling, considerably larger than the former, and, it appeared, higher up. Having carefully examined this, I pronounced it an acute abscess, and treated it with leeches, evaporating lotions, and subsequently with poultices.

On June 12th, the diarrhœa was less severe. On June 15th, the eighth day from the leeching, fluctuation was distinct; but, as the abscess pointed, I did not open it. On June 17th (the tenth day), on placing my finger on the apex of the tumour, I discovered a rough pointed substance, which I extracted with a forceps, and found it to be a triangular piece of bone, about half an inch long. This was followed by about half a pint of fœtid purulent fluid, mixed with blood and flakes of curdy matter. I filled the cavity with lint.

On June 20th, the diarrhœa ceased: the bowels soon becoming constipated, and requiring the occasional use of aperients. The strength also began to falter. I ordered bark and acids, port wine, and beef-tea.

On June 23rd, air escaped from the cavity in considerable quantity. On the 24th, fæces were mixed with the secretions.

Sloughing now commenced, and extended in every direction, demolishing in five or six days the whole of the soft parts in a line leading from the anterior superior spine of the ilium inwards to the linea alba, downwards to Poupart's ligament, and backwards to the bowels, a considerable track of which became exposed. The external iliac artery was denuded, and the common iliac was reached with the finger. An opening into the cavity of the abdomen was formed, large enough to receive a pint slop-basin. Large quantities of fæces now passed through this opening, and very little *per anum*. Having a suspicion that an accumulation might have taken place in the lower colon or rectum, I injected some tepid water, with a view of clearing the bowel. With the first stroke of the piston, the stream passed out through the artificial opening; it was, therefore, probable that the sigmoid flexure was the part of the bowel involved in the new anus.

The treatment consisted in filling the cavity daily with lint dipped in oil, placing over it a stiff linseed poultice, crossed in two or three places with adhesive plaster, and secured with a light flannel roller. About a pint of tepid water was injected into the bowel *per anum* twice a week. The medical part of the treatment consisted of opiates at night to procure sleep, of which she had a scanty measure; bark, quinine, acids, and wine, in large quantity.

On July 10th, the artificial anus had its sphincter fully developed. The circular fibres of this muscle mimicked very prettily those of the sentinel of the natural outlet. On July 16th, very little fæces passed through the artificial opening. The lint was no longer placed in the cavity; simple ointment on lint was placed over the opening, and a compress of sheet-lead secured over it. On August 4th, no fæces had passed through the opening for five days.

This case passed from my care at this date; the person being a pauper residing in a Poor-law district of which I had charge for a short time, but which I resigned at this period. I, however, did not lose sight of her. The parts are now, and have been for some time, quite healed. The new anus is obliterated; and the poor woman informs me that she enjoys as good health as at any time during the last twenty years.

Now comes the interesting question, What was the first swelling, which I assumed to be a hernia? We shall probably be directed to the answer by the bone which escaped from the second swelling, or that which I describe as an acute abscess. Did she swallow the bone with the broth which she used as her daily food? She informed me she converted whatever meat she could get into broth, as the most economical form of cooking it. She had no recollection of having swallowed a bone; but the poor woman's habits were intemperate; and this frailty of hers, coupled with the appearance of the bone, and the absence of all evidence of caries of the spine, sacrum, or pelvic bones, strengthens the assumption that she swallowed the bone; that it became entangled in some part of the bowel; and that, from what I have already stated, that part was probably the sigmoid flexure of the colon; that, obedient to the law observed by foreign substances entangled in living tissues—namely, of directing their course, by intestinal absorption, to the surface in the direction where there is least resistance—it pinned the bowel, or one surface of the bowel, to the soft wall of the abdomen, leaving the channel of the bowel free and open, until its progressive and silent course was disturbed and its relation with the surrounding parts altered by the fall down stairs. An aperture was, perhaps, then formed, through which air from the bowel, and perhaps a jet of fluid fæces, were forced into the cellular tissue constituting the first swelling. If this were the course of events, the air was forced back, by my manipulation, into the bowel through the same opening by which it came out; and so kept up the delusion of the presence of a hernia. The truss subsequently applied made matters far worse; for by its pressure and friction it continued to disturb the bone with every movement of the body, and so had some share in producing the second swelling or abscess. The woman informed me she had no swelling in the groin before this time; consequently, there was no pre-existing hernia.

STRANGULATED FEMORAL HERNIA: REDUCTION BY INVERSION.

By Thomas T. Griffith, Esq., Wrexham.

Mrs. Jones, aged 72, a farmer's wife, of spare habits and short stature, had long enjoyed good health, but was the subject of crural hernia on the right side. She had never worn a truss; and the tumour was usually in an unreduced state. On Monday, June 1st, strangulation appears to have taken place, followed by vomiting and constipation. On the following day (Tuesday), she was seen by Dr. Dixon, who, having detected the hernia, attempted its reduction by the taxis without success. He prescribed means for allaying the irritable state of the stomach, and enemata to solicit the action of the bowels.