nearly every place in the Gulf, and was much interested in what I heard and saw. Probably, in the course of a few years, this part will be better known, should it become, as proposed, one of the routes to India. It may be mentioned, in conclusion, that of the slaves brought into the Gulf from the shores of the Red Sea and Arabia, but one in ten survives, of those on whom the operation of castration is performed—a fact significant in more ways than one of the uncivilised state of these parts of the globe.

CASE OF ARTIFICIAL ANUS IN THE LOIN.

By J. R. HUMPHREYS, Esq., Shrewsbury.

ON September 11th, 1856, I was requested by Dr. Henry Johnson to see a patient of his, for the purpose of opening the colon in the loin, to relieve an obstruction of the bowels.

Mrs. W., a thin haggard looking woman, aged 63, had not had a motion of her bowels for the last ten days. She complained of constant and most distressing pain of the belly, which was tympanitic; and the distended colon was plainly seen throughout most of its course. There was a hard lump felt occupying the left iliac region, which was evidently the cause of the obstruction. Our impression was that this mass was that of a malignant growth; and, on inquiry, this suspicion was fortified by the statement of the patient, who said that she had suffered pain in that part for the last twelve months, which had increased in severity. She had had great difficulty in getting her bowels to act, and the motions had been small and compressed. During this time she had lost flesh and strength. We passed a flexible tube up the anus, and injected warm water into the rectum; and, as the bowel became distended, the tube was passed on for about fifteen inches, when it came to a stop. It was evident that not more than a certain quantity of water could be thrown into the bowel; and it returned clear, with the exception of a little mucus and some small portions (almost granules) of fæces. She had previously had, by the advice of Dr. Johnson, medicines and injections of all kinds, without producing any evacuation; so that opening the colon in the lumbar region was the only proceeding likely to relieve her. The operation was proposed to her, and she readily consented to submit to it.

She was chloroformed, and an incision, between four and five inches in length, was made on the left side, midway between the ilium and lower rib; and the usual dissection was made to lay bare the bowel, which was secured by two ligatures, and opened between them. A quantity of foetid gas rushed out, followed by a flow of liquid fæces in an immense quantity. The edges of the opening in the intestine were secured to the skin by ligatures. The patient expressed herself greatly relieved; but as the tumefaction of the belly subsided by the escape of the fæces, the tumour in the left iliac region now rose with a prominence and hardness which left no doubt in our minds that it was a malignant growth implicating the lower part of the colon. 9 P.M. She says she is happy; is free from pain. The fæces pass in a continuous stream through the artificial anus.

Sept. 12th. She is free from pain, has passed a comfortable night, and had some sleep. She has taken nourishment. The wound looks well, with the exception of a slight protrusion of the lining membrane of the bowel; excretion passing freely.

Horâ somni sumat liquoris opii sedativi mxxx.

Sept. 13th. She has slept well all night, is comfortable, and in good spirits; takes plenty of nourishment. She was ordered to have some wine, and to continue the draught at night.

Sept. 17th. Since last report, the patient has suffered a considerable falling off. She complains of distressing weakness; the pulse is quick, small, and feeble; the tongue dry, and covered with a brown fur. She loathes her food. The wound, however, is looking well, and the excretion is plen-

tiful, and of moderate consistence. She was directed to have a grain of quinine in powder every four hours; and porter, wine, beef-tea, etc., *ad libitum*; and to continue the night draught.

Sept. 22nd. She has been declining since last report, debility being the prominent symptom. She does not take her nourishment; complains of thirst; tongue dry; pulse quick and small. She is troubled with a cough, to which she has been subject; has great difficulty in getting up the phlegm, caused in great part by the wound in the side, which of course deprives her of the aid of the abdominal muscles in forced expiration. This morning, a portion of hardened fæces, of the size of a pullet's egg, passed by the wound. She has a bad sore over the sacrum.

R Decocti senegæ, decocti cinchonæ, aa ʒijss; tincturæ camphoræ compos. ʒss; ammoniæ sesquicarbonat. ʒs
M. Sumat ʒj quartâ quâque horâ.

Omittatur liquor opii hac nocte.

Sept. 23rd. The patient is weaker; her breathing is hurried and noisy; the pulse quick and feeble. No fæces have passed by the wound since yesterday morning. She was ordered to leave off the opium to-night.

Sept. 24th. She is worse. Nothing has passed by the wound. I introduced my finger upwards into the bowel, but did not meet with any obstruction; but, when turning it downwards, I could distinctly feel the cause of the obstruction, viz., the growth before mentioned.

Sept. 26th. She has been getting weaker and worse since last report; does not take anything. This morning, fæces have again run from the wound, the first that have appeared for the last four days; but she is evidently sinking.

Sept. 27th. She died at 2 A.M.

POST MORTEM EXAMINATION, at 6 P.M. On opening the abdomen, the intestines were found distended with gas. The peritoneum was slightly redder than usual, but there was no effusion of lymph or serum. A mass of scirrhus, of the size of a large orange, was found lying in the hollow of the left ilium, firmly adherent to the fascia of the iliacus internus, and implicating the upper part of the sigmoid flexure of the colon; it affected the whole circumference of the bowel for about four or five inches. The intestinal tract at this point was contracted to about the size of a quill, which was blocked up with the husk of a gooseberry and some hardened fæces. The diseased growth seemed to have commenced in the bowel. The opening made in the loin was found to enter the back part of the descending colon. The peritoneum was uninjured. The caput coli was loaded with scybala, and the transverse colon with liquid fæces.

REMARKS. The points of interest in this case are, the marked relief afforded to the patient by the operation, which she survived fifteen days; and the effort made by her to rally. Although 63 years of age and suffering from malignant disease, for the first three or four days after the operation she was cheerful, and took plenty of sustenance, and improved so much in every respect that all her friends thought she would recover: facts of themselves which go far to prove the necessity and justifiableness of the operation even in a case like this, which was unpromising from the first.

Reviews and Notices.

RESEARCHES IN PATHOLOGICAL ANATOMY AND CLINICAL SURGERY. By JOSEPH SAMPSON GAMGEE, Staff-Surgeon of the First Class, Principal Medical Officer of the British Italian Legion during the late war, etc. pp. 216. London: Baillière. 1856.

MR. GAMGEE is already known to our readers as the author of several contributions to this JOURNAL, characteristic of unwearied industry, deep research, and a honest desire to distinguish between truth and fallacy, as well as by great clearness of judgment in performing this duty. The