

imagined that the great pain which was present would to some extent have resisted the influence of the drug. Was the exalted action of the salt due to the cardiac mischief, or might it not be more properly attributed to the idiosyncrasy of the patient, especially as the heart's action was in no way seriously interfered with? I can vouch for the accuracy of the strength of the solution, as it was the same I have always employed, and within the last month injected eight minims of it in divided doses, with an interval of four hours, into the arm of a gentleman suffering from persistent vomiting.

I cannot conclude this imperfect report without gratefully acknowledging the kind co-operation of Mr. Parry during this, to me, particularly distressing and anxious case.

Crickhowell.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

GUYS' HOSPITAL.

TWO CASES OF CANCER OF THE RECTUM.

(Under the care of Mr. BRYANT.)

CASE 1. *Excision of Rectum for Cancer; Severe Suppuration; Erysipelas; Relief.* (From notes taken by Mr. Manley).—Sarah H—, aged forty, was admitted on Nov. 26th, 1881, into Lydia ward. She was married, and had had nine children, the youngest of which was eighteen months old. Her labours had always been troublesome. Four years before admission she first noticed that she passed a little blood per rectum, and her bowel came down, but was replaced, and caused her no further trouble. During her last labour (an unusually severe one) she again passed blood from the rectum, and her bowel again came down. It was returned, but she felt a constant desire to pass motions, and these, when passed, were mingled with froth, slime, and blood. From that time she constantly had the same trouble with her rectum, and had alternate periods of relaxed bowels and constipation.

On Nov. 29th, under chloroform, she was examined. The finger could be passed beyond a zone of ulceration in the rectum. The posterior wall of the vagina was puckered and evidently infiltrated. It was decided to excise the rectum, and the patient was accordingly carried to the theatre. She was placed in the lithotomy position, when a small carcinomatous outgrowth protruded from the rectum. The vagina was examined by a speculum, but no definite disease was made out. An incision was made from the anus backwards in the median line for about an inch. The finger was introduced into the wound and passed round so as to completely isolate the rectum. The tissue between the rectum and vagina was then divided with scissors. The transverse perineal arteries were divided and twisted. Two lateral cuts were then made in the wall of the vagina dividing the mucous membrane and connective tissue; two arteries were ligatured. The posterior wall of the vagina was then divided with the scissors about an inch up and left in connexion with the diseased bowel. The diseased mass, being completely isolated, the healthy bowel was fastened with ligatures all round. The scissors were then introduced into the rectum, and the wall of the bowel divided through the growth. On commencing to divide the diseased portion from the healthy part, the middle hæmorrhoidal artery was divided and ligatured. The growth was then completely removed without further hæmorrhage. The posterior incision was united by three sutures. The rectum was then sewn to the perineum, and in front to the corner of the vaginal flap made at the commencement of the operation. About half the divided sphincter was left. A drainage-tube was inserted between the rectum and vagina. The piece of bowel removed was about an inch and a half long, and much thickened. The inner surface was wholly infiltrated and fissured.

The patient was easier after the operation, but on the

early morning of Dec. 1st she was wandering and irritable. The wound was, however, doing well. Next day the skin was hot and moist; there was a bright flush on either cheek. Tongue furred, but moist; pulse quick and soft.

On Dec 5th the urine was slightly albuminous, breath fetid; and on the 13th an abscess to the left of the coccyx was opened. Next day the left buttock was swollen and red. A blush of erysipelas extended over the skin outwards and downwards. On the 16th erysipelas was disappearing. The edges of the wound were hard, and this hardness extended over the left buttock generally. On the 27th the cicatrix of the old abscess was opened, and about six drachms of pus (foul) came away.

On Jan. 3rd the hardness of the buttock had disappeared, and a fortnight later about an ounce of pus came from the cicatrix. On the 20th there was still a slight thin discharge from the wound in the buttock. On the 29th there was redness about the wound, and the woman had a rigor on the previous evening, lasting about half an hour. After this there was decided improvement.

On Feb. 7th she passed her motions fairly regularly, but they were hard. On the 9th the erysipelas was gone. On the 11th she seemed pretty well and comfortable. On the 22nd there was no sphincter power, and the incontinence gave great trouble. Between the anus and vagina was a fold of mucous membrane, which partly separated them. The sinus was closing. The aperture into the rectum admitted two fingers easily, and perhaps more. She had some diarrhoea. She had improved in appearance. She was discharged relieved.

From Dec. 1st to the 27th the temperature varied from 100° to 105·8°, this, the highest, being reached on the evening of the 14th. From Dec. 28th onwards the temperature ranged between 98·2° and 102°, though for the most part it was nearly normal. On the evening of Feb. 3rd there was a sudden rise to 104·2°, but next morning the temperature was normal again, and continued so.

CASE 2. *Cancer of Rectum in a boy aged fifteen; Colotomy; Relief.* (From notes by Mr. Henry Gard).—Samuel R—, aged fifteen, of R10, was admitted on Dec. 20th, 1881, into Job ward. In the previous August he experienced great pain in defecation, passed a little blood each time, and about this time he began to feel severe lancinating pains. At first it was thought he had dysentery, and he was given suppositories, and took quinine and chemical food. Subsequently a growth in the rectum was diagnosed, and he was sent to England to be operated upon. He had at times passed a fortnight without alvine evacuation, and for a month before admission he had constantly had to use castor oil. When admitted he had not had a motion for six days.

On examination of the rectum a large growth, occupying the whole circumference of the bowel was discovered. The tip of the finger could just touch the lower end of the band, but the upper margin could not be reached. The mass was hard, and presented a sharply-marked edge to the finger. The growth appeared fixed in front and behind. Morphia and opium were given to relieve pain.

On Dec. 30th colotomy was performed. Nothing but colotomy could be suggested. No difficulty was experienced in the operation in Mr. Bryant's usual way. A healthy motion passed directly the intestine was opened.

On Jan. 1st he complained of pain in the stomach, but was easier after the operation. There was a thick discharge from the anus. On the 4th he complained of pain in the rectum sufficient to keep him awake. On the 7th the stitches were taken out; the wound looked healthy. Patient constantly required injections to enable him to sleep. On the 19th, at 5 P.M., a discharge of sanious pus, sometimes thick and sometimes thin, from the rectum appeared, and there was great pain at the seat of the disease. On the 24th he complained of great pain in the hypogastric region. The abdomen was hard and distended. Considerable pain in the rectum. On the 26th patient got up, and next day he was free from tenderness over the abdomen. The wound looked healthy. The rectum was washed out with glycerine and water, and some of the liquid came through the artificial anus. On the 28th he was in considerable pain, but was relieved by an injection.

On Feb. 8th he left the hospital with a healthy artificial anus. He still suffered from much pain in the rectum, and had a free discharge of pus. Took out with him one dozen morphia suppositories.

For a few days after the operation the temperature ranged from 98·6° to 101·4°. It then became normal and continued so. The boy died exhausted in the middle of April, 1882.