ligament, the rectum is now separated from the surrounding cellular tissue, and clip forceps applied to the rectum at the commencement of the ampulla, below which the bowel is divided; the attachments of the levator ani and sphincter muscles to the bowel are thus not interfered with, and hæmorrhage is restrained. The rectum being now completely divided above the internal sphincter, there is not much difficulty in drawing it downwards and backwards through the median incision, its separation from the prostate and base of bladder being facilitated by having to draw it backwards. Clip forceps are now applied above the diseased portion, which is removed by a scissors. The upper portion of the bowel is now fixed by deep sutures attaching it, about an inch above its cut extremity, to the recto-vesical fascia and levator ani muscle, thus closing the space between the levator ani and the peritoneum. In applying these sutures, care should be taken that the mucous coat of the bowel is not penetrated. A second row of sutures is now applied between the cut extremity of the bowel and that portion which had been originally left below; these sutures should penetrate the entire thickness of the bowel in both instances. The object of the upper row of sutures is to so fix the bowel as to obviate the danger of the sutures uniting the cut extremities of the bowel tearing through. The incision from the anus to the coccyx is now closed, the most anterior suture including the posterior aspect of the bowel, but not penetrating the mucous coat. The levator ani and sphincters will thus have their normal relation to the extremity of the bowel preserved. It might be thought that the lower portion of the bowel is in danger of sloughing owing to the superior and middle hæmorrhoidal arteries being cut away from it, but the hæmorrhoidal branches of the pudic arteries are sufficient to maintain its vitality.

It will be seen that both the cases I bring forward were examples of malignant disease in the middle third of the rectum, in fact, such cases as are frequently considered inoperable on, as actually occurred in Case II, or are subjected to one of the numerous extensive surgical procedures recently recommended and employed. If I can show that such cases may be successfully operated on by a more simple and less fatal method, my object in bringing this subject forward will be attained.

On referring to recent literature on this subject, it will be seen that cases of malignant disease implicating the middle third of the rectum are frequently subjected to operations requiring removal of the coccyx and part of the sacrum by oblique or transverse section, as in the operations of Kraske and Bardenheuer, or osteoplastic resection of those bones as in that of Rydygier, and that in most of those cases no attempt is made to restore control over the bowel, owing to the necessarily abnormal position of its termination, the patient being thus condemned to the permanent employment of some usually imperfect apparatus to retain the feces in the bowel until evacuation is desirable. I wish it to be understood that I do not condemn such operations, which have a fair and legitimate field of their own, when the disease is situated in the upper part of the bowel, but I consider them unnecessary in most of the cases restricted to the middle and lower third of the bowel.

Should the peritoneal cavity be opened in the operation I favour, it is very effectually closed by the deep row of sutures, and although the probability of a favourable termination to the case is thus lessened, I do not consider the possibility of such a complication to be sufficient to contraindicate its employment.

The advantages I claim for this operation are—it preserves the normal functions of the bowel, subsequent stricture is not so liable as after the usual perineal operation, convalescence is rapid, the mortality is low, and the disease is no more liable to recur than after the more extensive operations.

At the recent meeting of the Women's Liberal Federation a discussion took place on a resolution favouring a Bill for the registration of midwives. The Countess of Carlisle, who presided, in answer to statements that great expense would be cast on the poorer classes, said she looked to the time when all sick nursing of the poor would be thrown upon the rates. She also urged the appointment of women upon the proposed board of control.

TWO CASES OF APPENDICITIS ASSOCIATED WITH RHEUMATISM.¹

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CASES of appendicitis associated with symptoms of rheumatism are sufficiently rare to warrant me in believing that the two which I now place on record will be of interest to the profession.

The first case occurred in a young man whose illness began somewhat suddenly with pain in the ileo-cæcal region of the abdomen. From the nature of his occupation he had often been exposed to cold and wet, and had, in fact, been wet through a few days before the commencement of the attack. When I first saw him he was complaining of great pain and tenderness at and around McBurney's point; he had vomited several times; the temperature was raised, being slightly over 102°, and there was double tonsillitis. I gave him morphine and ordered poultices to be applied over the painful area. Very little improvement took place in his symptoms, however, and in the course of the next few days he began to complain of pain in the right shoulder-joint, and had somewhat profuse perspirations. I now changed his medicine, and gave him 15 grains of salicylate of sodium every four hours. The effect was magical. On the following day pain and tenderness had almost disappeared, and by the next day—the seventh from the commencement—he was practically convalescent.

The second case was that of a girl, aged 12, in whom there was also a history of getting wet. She was taken suddenly ill on February 14th, 1895, with pain in the right iliac fossa and vomiting. This was followed by pain in the left shoulder-joint and along the spine. I saw her first on February 18th. She had pain and tenderness at McBurney's point extending downwards towards Poupert's ligament. The temperature was 101.2°, the pulse 120; the urine was loaded with urates. Profiting by the experience of my former case I gave salicylate of sodium (gr. xv) with tincture of opium (℥x) every four hours. Next day the pain and tenderness had all disappeared, the temperature was normal, and the pulse 88. In short she was convalescent, and has had no return of the symptoms since.

REMARKS.—The occasional association of the symptoms of typhlitis or appendicitis with those of rheumatism appears only to have been noticed quite recently, and I can find no mention of it prior to an article by Dr. Haig, published in 1893.² Dr. Haig here mentions several cases "which were clinically typhlitis, but which got well as if by magic under salicylate of soda." In the same year Sir James Grant recorded a case of what he termed "rheumatic perityphlitis," and in the following year Dr. Burney Yeo published another case under the same title.⁴ Recent researches have shown that cases which used formerly to be termed typhlitis and perityphlitis are almost invariably appendicitis in reality, and we shall probably not greatly err in regarding all the cases here alluded to as belonging to that category. Whether the symptoms of appendicitis were really of rheumatic origin or not is a question on which we cannot dogmatise as yet. I venture to think, however, that there is already some clinical evidence pointing to that conclusion, and the remarkable similarity of structure between the vermiform appendix and the tonsil, together with the well-known liability of the latter organ to rheumatic inflammation would lend support to the view.

¹ Substance of a communication read before the Manchester Medical Society, February 20th, 1895.

² *Practitioner*, January, 1893.

³ *New York Medical Record*, November 11th, 1893.

⁴ See *BRITISH MEDICAL JOURNAL*, vol. 1, 1894, p. 1289.

THE Third International Congress of Physiology will be held at Berne on September 9th, and four following days.

THE French Institute has decided to open an international subscription for the erection of a statue to Lavoisier, the great chemist.