left things as they were, rather than to have attempted their improvement.

Happily, we are not answerable for results: it is ours to act up to the best judgment we can form; and, if we have duly weighed, and dispassionately considered, and finally acted upon judgment rather than prejudice, it is happy for us that we may safely say that we cannot "command success," but that "*we will do better and deserve it.*"

IMPERFORATE ANUS TREATED BY AMUSSAT'S OPERATION.

By THOMAS DORRINGTON, Esq.,

Surgeon to the Manchester and Salford Lying-in Hospital.

JOHN McMAN was born at 5 P.M. on July 21st, 1849. His anus was discovered to be imperforate on the evening of the 23rd, and the child was consequently brought to me. I tried to reach the rectum from the perineum, but without success, although I introduced a bistoury one inch and a half deep, and cut as far as I dare on every direction, subsequently exploring with a probe-director and female catheter.

The child began to vomit at 7 A.M. on the 24th, and the matter ejected was in smell exactly like the contents of the gut which escaped when at a subsequent period I opened the descending colon, and of a similar yellow colour, though hardly so dark. It also refused the breast. Considerable delay occurred before I could gain the consent of the parents to further proceedings, but this having been at last obtained, I performed Callisen's operation, as improved by Amussat, at 9 A.M. on the 25th. I ought to state that the vomiting of yellow fecal matter, and the refusal of the breast, continued up till the time of the operation. I commenced by an incision in the left loin, extending from a point about an inch distant from the spine, and just above the crest of the ilium, to nearly the superior spinous process of that bone. The gut was soon reached after dividing the intervening structures, consisting mainly of fasciæ, with a few muscular fibres; it was diagnosed by its blueish colour, and the quantity of veins ramifying on it. I passed an armed needle through its coats, to secure it more completely, and then plunged in the bistoury. There was a sudden escape of foetid gas, and then of feculent fluid, which escaped with such force, and in such quantity, that a jet of it flew across the room. The edges of the wound everted themselves immediately, and after the bowel was emptied I secured them by sutures to the edges of the external wound, above and below. I put on a sponge compress lightly, and secured it with a roller. *The child took the breast immediately after the operation was finished, and never vomited again.* He soon, however, began to moan, and exhibit signs of pain and uneasiness, and without any very peculiar symptoms sunk gradually, and died at half-past eight A.M., on the 27th, *forty-seven hours and a half* after the operation. The fæces escaped regularly from the wound till death.

Autopsy six hours and a half after death.—No inflammatory appearances in the peritoneum; the descending colon above the wound was enlarged, and contained a moderate amount of fecal matter: it was empty below the wound. The bowel was opened in a very satisfactory manner, outside the peritoneum, and just above the commencement of the sigmoid flexure of the colon. I passed a blunt probe downwards from the point, and found, by a careful examination of the original excision in the perineum, that the rectum, which was extremely short, terminated in a semi-cartilaginous cord, about half an inch higher up than the deepest part of the wound. Keeping the probe firmly pressed downwards, I then tried to cut down upon it by deepening the perineal incision, but did not succeed till after I had made several attempts; this satisfied me that I could hardly have relieved the bowel in this direction under any circumstances, and quite justified the course I adopted.

I think that, if the operation of Amussat had been performed on the 23rd, it would probably have succeeded in saving the child's life, judging from its *immediate* good effects in causing the vomiting to cease, and enabling the child to take the breast.

I believe that this is the first time that Amussat's operation has been performed, in this country at least, on so young a subject, and on the whole the result is not discouraging.

Provincial Medical & Surgical Journal.

WEDNESDAY, SEPTEMBER 4, 1850.

OUR readers are doubtless aware that a public meeting has been convened under the presidency of LORD ASHLEY, for the purpose of awarding a suitable testimonial to Dr. CONOLLY, in honourable acknowledgement of his unwearied and most beneficial services in the cause of the insane. Under any circumstances it would have been a source of gratification to us, that in the flattering recognition of the merits of Dr. CONOLLY, an additional instance is afforded of public appreciation—in general not too lavishly bestowed—of medical worth; but in the fact of his being a member of the Provincial Medical and Surgical Association, we see an additional reason for felicitation. To those who have the privilege of knowing Dr. CONOLLY, it would be a work of supererogation to expatiate upon the excellent qualities of his heart, or the powerful attributes of his mind; we will only here record our conviction, that public expression of admiration and esteem has never been accorded to a more deserving object.