he mentioned that, some six years before, while jumping on a mound of hay he had struck against the handle—home made—of a rake which was concealed in the hay. It inflicted a wound external to the anus, but he was not aware of any portion of the handle having been splintered or broken. After a confinement of a few weeks to the house, he resumed his labours, and in a couple of months he appeared to have completely recovered from the accident. Some three years ago, he complained of much pain and uneasiness, in the neighborhood of the anus, which became relieved by the development and breaking of a small abscess, since that period there had been a continual discharge of a thin watery fluid, at times slightly tinged with blood, at others of a purulent character. Neither flatus nor the more fluid portion of the faces were ever detected escaping through the Fistula. For the last year past there had also been a constant discharge from the anus, similar in character to that passing through the fistulous opening.

Remarks. The above case is rather unique, and highly interesting in some particulars; the first being that the foreign body should have remained, thus many years, without occasioning the slightest disturbance, in a situation so likely to be interfered with by many of the morbid states of the neighbouring organs;* in fact its presence was entirely ignored, save through the constant discharge and consequent detriment of comfort and cleanliness. The external fistula had no communication with the sac enclosing the piece of wood, and this will account for the absence of the prominent symptoms of complete fistula; while the small opening communicating the sac with the rectum, was evidently an effort of nature, though the process of ulceration, for throwing off the foreign body in the direction where least resistance would be encountered, and through the most natural channel—the rectum.

I have this day heard from my patient who is doing well, the wounds are fast healing, the appetite is good, and he is daily gaining strength.

 $27\frac{1}{2}$ Little St. James Street, Feb. 26, 1860.

ART. XII.—Cuses in Practical Medicine.—By A. H. DAVID, M.D., Physician to St. Patrick's Hospital, Montreal, &c., &c.

Laryngismus Stridulus.—This affection is usually only met with during the first year or two of life, and causes much anxiety and alarm to the parents of the child, for the attacks come on without any apparent cause,—when the child, who otherwise seems in perfect health, is playing and becomes excited or vexed.

[•] As another striking illustration of the great length of time foreign substances may remain imbedded in the living tissues without occasioning the slightest local or general disturbance, I may be permitted to remark, that I have removed from between the rectus-femoris muscle and hone of the left thigh, of a man named Ferris, a piece of wood two inches long, and the size of a goose-quill, which had occupied that situation for nineteen years without his being aware of its presence, till after its removal by the opening of an abscess that had been in the process of formation on the anterior part of the thigh for one month only. The case was published in No. 1 Vol. 12, of my American Lancet, Dec. 10, 1855, and republished in the Dublin Medical Press, No. 895, Feb. 13, 1856.