

nial tumors. 3rd. There was not the slightest disposition to any reduction by taxis. 4th. There was no disposition to any interference with bowel action. 5th. The tumor had quite a doughy feel, such as one would experience in the manipulation of omentum or fatty growth, and fully as large as an ordinary sized turnip. From its moderate roundness and the absence of other indications of a hernial type, I came to the conclusion that it was really a fatty growth and not a hernia. Under these circumstances I decided to operate and test the character gradually. This was soon accomplished under chloroform and the entire body of the tumore nucleated without any trouble whatever. He made a speedy recovery, became relieved of his growth and trusses at one and the same time.

CASE III.—*Eccentric action of a splinter of wood in the leg for a period of fully ten years.*

W. R., æt 21 years, vigorous habit of body and usually enjoys excellent health and spirits. Muscular and generally well developed. Last April, twelve months, I was consulted for a pouting granular growth on the left thigh, middle third and externally. At first sight it gave the impression of foreign body, which I thought might be dead bone and the result of some local injury. No particular history could be obtained, except that this growth had come on gradually and had been there for some months, the only inconvenience being an occasional discharge of bloody serum; almost painless in character, as to the state of the surrounding tissues. I probed the sinus which was fully four inches in length longitudinally, but no foreign substance could be detected at the time. A free opening was made at once and the parts dressed with lint. On the third day, not being fully satisfied as to the healing powers of the wound, I decided to make a deeper exploration of the parts. On pressing one end of the wound with the probe, I observed an apparent movement at the other end of the opening, which at once convinced me some foreign substance was lodged there in the deep parts, although no sinus could be detected. I cut down freely and with the forceps removed a pine splinter fully two inches in length and the eighth of an inch in thickness. How did this come there, was the query of my patient. He said that ten years previous, crossing a fence with a small pine paddle in his hand, he fell and a portion of the broken paddle entered the left leg

about its middle third posteriorly and to the inner side. After some weeks the wound closed, and afterwards the only inconvenience he experienced was an occasional sense of stiffness in his leg, which lessened by use of the limb. Fully six months before I was consulted a small swelling was observed on the outer part of the left thigh about its middle, externally, which resisted all outward applications.

This case is interesting as evidence of the peculiar action of muscular tissue, which by a species of almost vermicular power, can transport foreign materials from one part of the body to another, without apparent inconvenience; and again it is evident that woody fibre is not liable to undergo disintegration in being thus sacculated for years in the tissues of the body. I have known glass, lead and iron to be removed after many years, and to have given very little inconvenience, while closed in by the tissues. Around this splinter of pine quite a fibrous sac was formed, which I required to scoop out in order to facilitate the healing process. The young man is now healthy and vigorous as usual.

CASE IV.—*Acute convulsive seizure, the result of a fish-bone in the rectum.*

June, 1857. Was suddenly summoned to Murray St., Ottawa, to Mr. J. S., æt 57 years, a man of strong habit of body and usually most vigorous in the discharge of business, being a grocer. While behind his counter, he was seized with a severe convulsive fit, which had passed over in the space of half an hour. On recovering consciousness, his first expression was, "Oh, what a tearing in my bowel." It being lent period of the year, and fish the chief source of diet, it occurred to me that a bone might be lodged in the folds of the rectum. The bowel was at once explored. Without much effort I detected a considerable sized fish-bone imbedded in the rectal folds, and this being removed he experienced almost immediate relief. This case at once opens up some interesting points as to nervous distribution in and about this part of the alimentary canal. The cerebro-spinal and sympathetic systems have an important part to play in nervous rectal force. The sacral plexus as well as the mesenteric and hypogastric plexuses are the chief collateral centres of reflex and influence. It is now a settled point that contraction of the external sphincter muscle is in part at least,