

a stick of nitrate of silver had been introduced half an inch or so every day or every other day, for some ten days, causing excruciating pain, and the dressing completed by filling up the *external* opening of the fistula with lint. With all due consideration for the attending physicians, I could not but deprecate such a mode of procedure, and plainly told the old man that what had been done was worse than useless, and that he could never be cured by such treatment.

It was, therefore, resolved that I should go to Sainte Genevieve on Thursday the 9th, and perform the operation. This I did in the following manner and with the following results. The fistulous opening commencing, as I have before said, on the left nates, some three inches from the anus and one inch above it, passed directly backwards and to the right side till it reached the median line, where forming an obtuse angle it ran upwards and inwards, following to some extent the curvature of the sacrum. The first step in the operation was to lay open the horizontal portion of the sinus, which was done as follows: a grooved director being introduced and pressed somewhat forcibly came in contact with the integument at the raphé, where a small opening was made with the point of the scalpel, the end of the director pushed through and the intervening space divided with a stout bistoury. The little finger could now readily be passed along a canal—with smooth and almost cartilaginous walls—the length of some three inches, when its further process was arrested by a hard substance, to all appearance forming the bottom of the sinus. The right index finger was now introduced into the rectum and could feel distinctly the other finger in the canal; pushing it a little further up it also came in contact with the hard body already alluded to, and now something, of an irregular shape and completely enclosed in a smooth sac, could be felt between the two fingers. A small opening was carefully made at the bottom of the sinus, when the finger distinctly felt a hard resisting body which, had it not been for its peculiar situation, I should have supposed to be a necrosed os coccygis, or something else had I known the previous history of the case, as was afterwards explained. However the indication was evident, there was a foreign body, and the next step was its removal, therefore with a strong pair of ductile forceps I seized hold and began to make traction; the forceps slipped, and grasping once more, with a long and strong pull, out came a very funny looking substance, of which more presently. The bleeding which had not been very profuse, having ceased, the finger could now explore every portion of the sac which was situated anteriorly to the coccyx, and between it and the posterior wall of the rectum; a probe slowly passed over its surface fell through a small opening into the gut, and came in contact with the finger. Here then was a case of external and internal fistula with no intercommunication. A probe pointed bistoury was now introduced; and the operation was completed in the usual manner.

I now examined the body I had extracted and found it to be a piece of wood, square on four sides, one half inch at the base, tapering to one quarter of an inch at the apex, with a length a trifle less than one inch and three quarters. Being a little astonished at this singular discovery, I enquired of the old man how that piece of wood became lodged in such a situation, and he, to all appearances, not aware of its presence? After a few moments reflection, and with a hearty laugh,