

his vomiting ceased and his general appearance much improved.

On the following day, Nov. 5th, he had another passage, took some gruel and seemed much revived. We removed the dressing and ligatures from the external wound, which we found partially united by the first intention, a portion of the wound toward the median line still remaining open. The two following days, Nov. 6th and 7th, he continued to improve, the lower parts of the intestines being kept open by enemas. But as the parts above the wound seemed to be unmoved by this means, on Sunday the 8th, we administered four drachms of sulphate of magnesia, in divided doses by the mouth. These not having produced the desired effect, towards evening he incautiously took at once on his own accord, about four drachms more. About seven o'clock this evening, having been called, we found him in great distress, the abdomen much distended, apparently with fluid, the adhesions of the lips of the external wound entirely destroyed, the wound itself widely gaping and leaving a portion of the intestine exposed to view, the peritoneal coat of which had a dark and sloughy appearance, an opening at the upper and inner corner of the wound in the abdomen, from which were flowing the watery and less consistent parts of the contents of the intestines. The fluid had all the appearance of coming from the cavity of the abdomen, as it was perceptible to the touch through the parietes, and came away abundantly by pressure. Having pressed out what we could of the fluid, brought down the opening in the intestine to that in the abdomen, removed the stitches from the intestine, drawn the lips of the external wound nearer together with adhesive plaster, applied a compress and bandages and employed the pump and tube as before, we left him for a short time, fearing that the fluid and fæces had escaped into the cavity of the abdomen, before bursting out at the external wound, and that our toil and his suffering were soon to end. However our fears were not realized.

Adhesions or that constant pressure made by the parietes of the abdomen upon its contents, must have prevented the escape of the fæces into the cavity of the abdomen. Before morning he had a passage by stool. The discharge of fæces from the wound gradually diminished, and after continuing about a fortnight wetting the cloths and bed and

producing much inconvenience, entirely ceased. The wound itself, although irritated by the faecal discharge, soon began to granulate kindly and continuing to improve, is now completely healed, leaving a cicatrix two inches and a quarter in length. For some timestools were daily procured by enemas. Afterwards small doses of Epsom salts or castor oil were employed, aided by enemas occasionally. Once or twice the stools were tinged with blood, After one of these stools, there came away a membranous substance four or five inches in length, and supposed by Dr. Stewart who saw it to be a portion of mucous membrane.

At first before a stool, he had considerable pain, with a gurgling noise about the wound. These pains gradually diminished in intensity. They have now together with the noise, entirely left him. He now keeps his bowels free from constipation, by taking occasionally (sometimes a week or more intervening) a small portion of castor oil, takes the same quantity and quality of food, to which he was formerly accustomed, labours some, but feels weak after exercise too severe or long continued, wears a truss, and seems to have the prospect, if not of long life, at least of enjoying a tolerable degree of health and comfort, and of remaining for some time, a living, walking witness of the utility and efficacy of the healing art.

ISAAC B. AYLESWORTH.

Bath, Jan. 15th, 1836.

Correspondence.

OUR PARIS LETTER.

To the Editor of the CANADA LANCET.

SIR,—Thinking some of your readers might be interested in a hospital, which has, especially of late become celebrated from the discoveries in the nervous system which have emanated therefrom, I send the following notes on the Salpêtrière. This large hospital lying in the south-east of Paris was built during the reign of Louis XIV. Its construction was to a large extent due to the efforts of the Duchesse d'Aiguillon, the first instance we find in France of a lady's aid in the building of a hospital, as previous to this time they were all built by the King or the Church. Originally intended as a general hospital (to which a prison was attached), its character has gradually changed, so