

the patient was in the recumbent position. About one inch below the umbilicus and one inch and a half to the left of the median line was a large opening in the abdominal wall, through which the fæces were passing. The fæcal fistula developed about one week after the woman was delivered. Pain was first felt in the umbilical region, then a swelling formed which broke of its own accord, and an immense quantity of fæces pus, &c. was discharged, giving out such an odor that according to the patient's statement, she could with difficulty get anyone to attend her. The general condition of the patient was far from satisfactory. The temperature was 103, pulse 120, she was very weak and emaciated. Pus was discharging constantly from the abdominal wound together with the fæces. An attempt was first made to improve the patient's general condition. The bowels were left confined for intervals and the wound dressed carefully. The improvement was tardy. On May 6th an incision was made in the abdominal wall, the intention being to enter the abdominal cavity and secure the opening in the bowel. Upon cutting down it was found that several sinuses passed in different directions from the abdominal opening, and the edges of the wound were so unhealthy, that it was thought better to delay entering the abdominal cavity. A sound was passed through the opening in the bowel and the position and direction indicated that the wound was at the sigmoid flexure of the colon. The sinuses were opened up, the edges thoroughly scraped and the wound packed with iodoform gauze. The bowel and abdominal wound healed without any further operative interference. The perineum was repaired and the vesico-vaginal fistula closed by a subsequent operation, and on 15th July the patient finally left the hospital with all her wounds healed and in good condition. What caused the opening in the bowel can only be conjectured, but it seems quite probable that a portion of the sigmoid was caught between the presenting part and the pubic arch, and that long pressure caused destruction of the bowel. I mention this interesting clinical case not on account of any operative work performed, for there was none out of the ordinary, but to show the widespread destruction of a single labour. A ruptured perineum, or even added to that, a vesico-vaginal