

pain ; there was no crepitus, and but slight evidence of shock ; no faintness, pallor, or coldness, and except for the pain there was no alarming symptom. He was ordered opium. At about 4.30 or 5 p.m. the first dose of opium was given, this he vomited. At 7 p.m. was seen again ; the pain was increasing, but still localized ; as he had vomited the first dose of medicine, his friends had neglected to give him any more. A hypodermic of morph. sulph. gr. $\frac{1}{2}$ was given, and he had half an hour's rest. Hot fomentations were also applied over the seat of pain. At 10 p.m., as he desired to pass water, but was unable, a catheter was passed and about a pint of normal-looking urine withdrawn. The pain was now becoming general, extending over the abdomen which was more or less distended. The pain was aggravated on pressure. At 11 p.m. the pain increased, and the face began to assume the pinched and anxious appearance indicative of peritoneal trouble ; the pulse became frequent and thready. He had since 7 p.m. swallowed a $\frac{1}{4}$ gr. granule of morph. sulph. every hour in a little water without relief ; also some brandy. His mind was clear up to the last moment, when he sat up in bed to take a drink of water and fell over immediately, dead, at 8 a.m. of the 3rd.

Post-mortem four hours after death ; abdomen distended ; no abrasion of skin noticeable.

Immediately on opening the peritoneum a gush of intestinal gas escaped, and the belly flattened. The intestines were in appearance slightly injected, and a little sticky under the stomach. The abdominal cavity contained a quantity of thin brownish fluid, and bits of undigested food were floating about ; some particles were found as low down as the cæcum. The stomach was lying under the diaphragm, its cardiac extremity concealed, but the body distended and round ; the pyloric orifice being to the right side of the spine, and under the left lobe of the liver. Over the vertebral column and beginning an inch and a half from the pyloric orifice was a rent on the anterior wall of the stomach, and extending to the pylorus ; the rent was about an inch and a half in length, the edges strongly everted, the gastric mucous membrane projecting and everted ; a mass of cabbage was protruding from this orifice. There was some blood effused under

the serous covering of the stomach, and this extended under the serous covering of the duodenum for some three or four inches. The posterior wall of the stomach immediately opposite to the rent was much ecchymosed for a space about the size of a silver dollar, and an abrasion of the outer coat of the stomach reaching to the muscular layer was noted at this point.

The liver presented upon the upper and back portion of the right lobe several ecchymoses ; and the colour of its capsule was a peculiar livid blueish gray. Spleen healthy.

There was no blood free in the abdominal cavity, nor were the abdominal and mesenteric veins enlarged or dilated. The heart was not examined. The kidneys were healthy.

CONGENITAL MALFORMATION OF RECTUM AND ANUS.

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Mrs. O—, on 24th August, was delivered of a large healthy child, well developed excepting the anus, which was absent. During the second and following days, meconium was passed with urine in small quantities, sufficient to stain the napkin. No rectal pouch was noticeable, nor could any sensation be detected in that region. An operation was proposed but not consented to until late the evening of third day. The following morning the infant was chloroformed and a tentative incision to the depth of an inch made through the perinæum, between bladder and coccyx, with negative results. Colotomy was then easily performed by Dr. Malloch. Meconium freely escaped after opening colon. The child was under chloroform one hour and forty-five minutes ; recovered well from the operation ; nursed freely several times and seemed doing well, until the next morning when unfavourable symptoms appeared, the child dying the same evening, the fifth after birth. A *post mortem* made the next day revealed the fact that death resulted from peritonitis. No meconium was found in the abdomen. The colon terminated in a large dilatation running well into the hollow of the sacrum, its fibres interlacing with those of the bladder. The rectum and bladder were re-