

and fecal matter escape through the aperture, requiring constant washing. At the time of admission, his general health was highly favorable, and has continued to improve under tonics and nourishment. It was not deemed advisable to interfere with the process of nature to effect a cure, attention alone being paid to the general health of the patient, and the daily administration of an enema, to empty the lower portion of the intestine and prevent atrophy from disuse; the artificial opening meanwhile being closed by a pad and bandage, which favors the passage *per viam naturalis*.

This case presents many points of interest, which are worthy of record. At the time of his admission, the opening into the intestine was circular, and about two inches in diameter. Five weeks had elapsed since the injury, during the whole of which time the lower portion of the intestine had never been acted upon. At times the aperture was perfectly empty, and the mucous lining of the intestine could be seen. There was no spur, as is described by authors, as existing in these cases: a portion of the calibre of the gut only had been removed. Moreover time had not sufficiently elapsed for the formation of a spur by cicatrization and alteration of the textures. It is somewhat remarkable that peritonitis did not supervene, and we may reasonably suppose that the peritoneal cavity was not opened at the time of the accident, nor indeed subsequently. The caput coli lies behind the peritoneum, and frequently so does the ascending colon. From the position of the wound, we would almost expect that injury to the lower free margin of the liver had occurred. Such however could not have been the case. Most probably the liver was protected, being shoved up out of the way of injury, as the body was inclined to the right side. Altogether, the case is unique and worthy of record from its rarity, and the singularly fortunate results as regards the poor man. Cases of spontaneous cure are given by Mr. Erichsen; and one, having a similar result, occurred in the practice of a physician in the neighborhood of Montreal, but which is not of record.

The opening at this date, February 3, is about the size of a pea, still leading into the bowel. For the last few days the patient has been able to evacuate the bowel without the use of an enema. Very little feculent matter passes through the false opening.

Montreal, General Hospital, February, 1865.

Case of Protracted Utero-Gestation. By JAMES A. GRANT, M.D.,
F.R.C.S.E., M.R.C.P.L., &c. Physician Protestant General
Hospital, Ottawa.

On the 4th Dec., 1864, I was called upon to visit Mrs. C., æt. twenty-four years, and about to be delivered of her second child. Labor, which