catheter, together with antiseptic irrigation of the bladder; in about six weeks the fistula closed and the cystitis disappeared.

As this occurred in the neighborhood of ten years ago, and there have been no bladder symptoms since, I suppose it may be set down as a radical cure. It is quite evident that the blade of the forceps, or the pressure of the fœtal head, caused a fistula, and gave nature an opportunity, which she eagerly seized, to cure an inflamed bladder by drainage and absolute rest from contraction.

REPORT OF A CLINIC BY ESMARCH.

Professor of Surgery at Kiel.

Bellevue Hospital had the honor of a visit from the celebrated surgeon Esmarch, on Sept. 28th, at one of the surgical clinics. The distinguished guest was introduced by Professor Dennis to a large audience of professional men and medical students by whom he was enthusiastically received. He replied in a suitable speech and showed remarkable proficiency in the language for a foreigner, and then proceeded to illustrate some of the points of technique of his celebrated bandage. They may be briefly summarized as follows:

1st. The great mistake ordinarily made is in applying the bandage too tightly and thus favouring after capillary hæmorrhage. The cause of the hæmorrhage is well known to be due to paralysis of the vaso-motor nerves supplied to the unstriped muscle cells in the tunica media of the smaller vessels and arterioles, caused by the uncalled for pressure of the tight bandage. It necessarily takes some time for the vaso-motor nerves to recover from their paralysis, and during this time hæmorrhage is taking place from the uncontracted vessels; therefore, in applying the bandage, use only sufficient pressure to control the arteries, and do not, as is too often seen at clinics and surgical operations, apply the bandage as tightly as possible.

2nd. Never apply the bandage unless the patient is completely under the influence of the anæsthetic and muscular relaxation is complete; the reason for this is obvious. This point was well illustrated in the case of the patient about to be operated on, the reflexes were not completely abolished, the legs were the seat of clonic tremors, and the house surgeon proceeded to apply the bandage; but Esmarch checked him and refused to proceed with the application of the bandage until the patient was completely under the influence of the ether.

3rd. In the majority of cases the dressings can be applied to the limb before the bandage is removed, as was done in this case at the clinic. (This has special reference to bone operations.) This method has distinct advantages, as direct and continuous pressure is thus secured against the open vessels by the dressings before the bandage is removed, and this is in itself an excellent hæmostatic. Furthermore, it secures what has been the aim of all later surgeons, the presence of an aseptic clot of blood, which organizes, and thus the wound is rapidly healed; and, instead of the old story, where cases of necrosis after operation usually occupied two or three months in healing up, now, by the organization of this clot, perfect union is obtained in three weeks and the patient can be discharged.

4th. To control the hæmorrhage after operations, all that is needed in ordinary cases is irrigation of the wound with hot antiseptic solutions, which act as irritants to the vaso-motor nerves, and thus secured contraction of the arterioles. Then the wound is firmly bandaged, and this may be supplemented by slight elevation of the limb after it has been dressed and the patient removed to the ward. In anæmic, and other cases where it is important to have as little hæmorrhage as possible, Esmarch recommends, in addition to the above measures, a light constriction of the limb with the rubber bandage for six or eight hours afterwards, which favors diminution of the rapidity of the blood current and the formation of thrombi.

Esmarch then proceeded to the practical demonstration of his principles by performing sequestrotomy. The patient was an elderly man suffering from necrosis of the tibia and fibula of the left leg, of long standing, and supposed to be due to idiopathic osteo-myelitis; a venereal history corresponding to chancroid was obtained, but no syphilitic symptoms could be elicited; dead bone was detected by the probe.

The Esmarch bandage was then applied from the toes up, and only light constriction made above the knee. The hands of the operator were then washed and thoroughly disinfected with a solution of 1-2000 bichloride, and the patient's leg shaven