

with the plastic power of granulation tissue, was doubtless greatly facilitated by the non-escape of urine by the fistula for fully three days, while the catheter was in the bladder. Sir Henry Thompson lays great stress on this point, to obviate which he frequently educates his patient in the habitual use of the catheter while treatment is in progress.

In the treatment of urinary fistula, it appears to me that, prior to adopting operative means for its closure, every possible degree of care should be bestowed upon the efforts of nature in the production of granulation plastic reparative power, which doubtless takes an important part in the relief of suffering humanity.

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## Hospital Reports.

### MONTREAL GENERAL HOSPITAL.

#### CONDENSED REPORTS OF CASES IN DR. MACDONNELL'S WARDS.

(Reported by R. E. McKENZIE, House Physician.)

*Oct. 6th.*—The classes in Clinical Medicine were opened on the 4th October with a general introductory lecture, after which the 3rd and 4th year were divided into their separate classes and ward work begun. There are a considerable number of typhoid cases at present in the wards, viz., seven men and five women. The cases, with a few exceptions, have not been very severe. The following are some of the interesting features presented by the cases at present under treatment.

*Unilateral Sweating.*—In the case of a strong young Englishman who had contracted the disease at Lachine, and who was admitted on the 4th day of a fairly severe attack, there was well-marked unilateral sweating of the face observed the day after admission. On the 7th day of the disease, when he was examined before the class, this sweating was absent.

*Scarlatiniform Rash*—In one case a diffuse pale rash was noticed within a short time of admission. The neck and shoulders were the parts affected, and disappearance was complete in a few hours. No medicines had been administered.