

Fulton was immediately sent for, but did not see the patient for some four hours after the accident; there was great pain and tenderness in the abdomen, and all the indications of incipient, high inflammation, indicated to the doctor, the plan of treatment to be pursued; he at once bled him freely, ordered cold applications to the parts, and prescribed small doses of potassio-antimonii tartar. There being no amendment in the general condition of the patient the following day, the doctor kindly requested my assistance. An examination detected extensive laceration of the anus and rectum, which easily admitted three fingers; the mucous membrane was torn in shreds and ruffled up; great heat and tenderness of the parts; slight oozing of sanious fluid; constant desire, though inability, of voiding the urine. With much difficulty a catheter was introduced, and a large quantity of highly coloured and offensive urine drawn off; he was ordered to be bled again; to the nauseant was added some laxative medicine, and the cold applications to be continued. After a free evacuation of the bowels, to have a large dose of the compound ipecacuanha powder, and if the abdominal pain continued or increased, to apply a large blister to the whole surface of the abdomen. This plan of treatment was faithfully followed by the doctor, with such slight alterations as to meet the various indications, with the most happy results, and, in four weeks from the date of the injury, Ryan reported himself at my surgery, in Plattsburgh, quite recovered. I have seen him several times since, and he is as well as ever, and as "good as new."

*Case No. 3.—Fistula in Ano, caused by falling on the handle of a rake six years ago; operation; removal of a piece of wood; cure.*

I. Lacroix, of the parish of St. Gerèvie, aged 54, of a weakly leucophlegmatic constitution, requested my advice in the month of November last, for trouble about the anus, of some three years duration, and for which he had consulted several physicians, without however, deriving any benefit. An examination at once revealed the presence of two fistulous openings on the left nates, one, the principal, passed backwards and upwards in the direction of the coccygeal bone, the other merely subcutaneous and a dependency of the first, passed perpendicularly downwards some two inches; the finger introduced into the rectum could not feel the probe which, from the direction of the fistula, and its distance from the anus, could only be introduced not quite two inches. Having explained to the patient the nature of the injury, and the only manner whereby he might reasonably expect the slightest prospect of relief, if not of permanent cure, he left me with the promise that I should be sent for in a few days to perform the operation at his house.

I heard nothing more of Lacroix till Tuesday the 7th Feb., when he returned in a worse plight than ever. He informed me that two neighbouring physicians had undertaken the case on the plan of "no cure no pay;" and that from certain pecuniary and other considerations weighing somewhat heavily in the scale, he had acceded to the terms and submitted to the operation; that he had been since a great sufferer, and was confident not only of no amendment but of positive injury. I examined once more, and saw that the operation had consisted merely in cutting open the subcutaneous sinus, leaving the fistula itself untouched, though