sufferings for ten years, a small *hole*—for it was nothing more nor less—at the junction of the body with the neck of the bladder; this was freely cauterized with a sharpened stick of nitrate of silver, and on withdrawing the speculum the caustic was slightly applied along the fistulous track to promote the granulating process; a large bougie was introduced into the urethra in place of the ordinary silver catheter, and a piece of compressed sponge, in the vagina, directly under the vesical opening. This completed the first dressing, and I may almost say the only one, as a slight modification of the same process was gone through twice only at one week's interval, when the fistulous opening became perfectly closed; and although I have since then repeatedly seen the patient, having been retained as the family physician, she has never, in fourteen months, felt any thing like a return of her old complaint. Two months after the last application of the caustic, I made a most careful digital and visual examination, but could detect nothing to warrant me in saying that she was not radically cured.

A third case, it should have been second in order of priority, in the person of Mrs. ——— of Plattsburgh, presented itself to me a short time before I left that village, and pretty much under the same circumstances as in the last named patient:—the general and local symptoms were nearly identical, so was the treatment, and the result equally successful and satisfactory; consequently, it is only necessary to mention that for these cures, through a very simple and common place mode of treatment, an undue amount of credit has been awarded to me, when really it was only because I looked carefully into small things, and sought for the fountain head of the mischief, being fully satisfied that if I took care of the cents, the dollars would take care of themselves. This axiom proved theoretically and practically true in both of my cases.

27½ Little St. James Street, July 4, 1860.

ART. LII—*A Case of Popliteal Aneurism cured by Ligature of the Femoral Artery after failure both of Flexion and Compression.* By JOHN REDDY, M.D., L.R.C.S.I., &c., Physician to the Montreal General Hospital, &c.

The following case of Popliteal Aneurism having been lately under my care I am desirous of recording it in your valuable Journal as it presents a few peculiarities which may not prove uninteresting to the profession.

James Trainer, aged 28, a farm labourer, was admitted into the Montreal General Hospital on the 18th May last under my charge. He is of healthy appearance and of stout build, weighing 160 lbs. and 5 feet 8 inches in height. Family history good. He states that he ever enjoyed uninterrupted good health and has been from boyhood actively engaged in his present business. About three weeks prior to his admission, while thus employed and without any exertion different from what he had been accustomed to, he was suddenly seized with a severe pain which was immediately followed by a swelling behind the right knee. It did not hinder him from pursuing his business till the third day when the part became more painful, and the limb began to swell. Its motions were impeded, and he afterwards experienced a kind of "beating" behind the joint. He did not know what to attribute these symptoms to as he had never received any injury in the part nor