

during that time ranging from 80 to 114. These were associated with involuntary motions. Fearing lest, after all, there might be specific mischief he was again put on antispasmodic treatment for a short time. He soon began to improve, though very slowly. He was more cheerful and would answer questions, but, being a Scot, never became communicative. It was therefore encouraging to find on the chart for Aug. 10th, a note by the nurse, "Patient reading newspaper to-day." What was most satisfactory of all, however, interest in his home revived and he asked for his children. The last I heard of him was that he was again working at his trade. As he has left the city I have lost track of him.

I might add that in these last two cases, as in the first, Babinski's sign was present and the reflexes were markedly increased.

I have also to acknowledge the kind advice of Dr. J. Ferguson and Dr. W. J. Wilson before, and their assistance at, these operations.

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#### THE TREATMENT OF TUBERCULAR FISTULA IN ANO.

The March issue of the *Maritime Medical News* contains a paper by E. O. Witherspoon on the above subject. He concludes by stating:—

Excision and incision by means of the cautery, the latter appeals more to me for several reasons. First, it does not require anything like the length of time to perform that the excision operation requires, thus necessitating less anæsthetic, and the anæsthetic is a very serious proposition in the majority of these cases, especially those patients who have other manifestations of tuberculosis. Second, you have an open wound to deal with which can be easily cleaned and dressed. Thirdly, and principally, you are not running the chances of infection from the germ present that you are in the excision operation, as the cautery seals up the tissue as it passes through them, leaving no exposed areas. Fourthly, there is no hemorrhage from the cautery operation. On the other hand, in the excision operation, should the fistula have more than one branch there is danger of cutting into the tract itself, thus rendering the whole field liable to infection, also there is more hemorrhage. The question of hemorrhage, however, should be of very little concern in these days of surgery, as it is so easily controlled in these operations as not to figure as any factor of importance.