

locate it, the writer suggests that the cause of this was that it had entered the small intestine at the time, and the constant peristaltic movement prevented it being seen.

THE TREATMENT OF VESICO-VAGINAL AND RECTO-VAGINAL FISTULÆ HIGH UP IN THE VAGINA.

IN The Bulletin of the Johns Hopkins Hospital for April, Howard A. Kelly has an article on the above subject, in which he advocates opening the peritoneal cavity widely from side to side, so as to free the bladder from its fixation at the vaginal vault and render it thoroughly mobile. By this means it becomes possible to displace the entire affected area downward to any extent required, exposing the part of the bladder that lies above the vaginal vault and contiguous to the fistula. The author refers in this to cases in which vaginal hysterectomy has been done, and the fistula is a result of the operation.

The knee-chest position is chosen, because the bladder readily becomes distended with air facilitating manipulation, while on opening the peritoneal cavity the viscera fall away toward the diaphragm, leaving the field of operation unencumbered. The vault is opened in the line of the transverse scar, and the incision carried widely from side to side, setting the bladder free, the margins of the fistula are split, and the vagina separated from the bladder, and the bladder is sewed up by a row of buried sutures of fine silk or cat-gut, uniting the muscularis alone, and turning in the vesical edges to form as it were a buttress. The vaginal surface is then united with a row of fine silk-worm gut sutures, being careful to leave no dead space between this row and the buried sutures. A little suturing at the corners, and a drain of iodoform gauze completes the operation. It is advisable to leave the catheter in place for seven to nine days following the repair.

THE RUSSELL METHOD.

IN a recent number of THE LANCET we mentioned the results obtained from the Russell method of treating pulmonary tuberculosis, among the poorer classes in New York city. From the report of the committee of inspection, published in the April number of the *Post-Graduate* we are able to quote the following outline of the method:

Each patient comes to the dispensary twice a day—in the morning any time between 7 and 9 o'clock, and in the evening between 7 and 8