same story so often, it did not quiet her mind and she had almost given up in despair, when she was recommended to call on me by an American lady.

Having been made acquainted with the foregoing particulars, I proposed a vaginal examination, to which at first, she rather objected, inasmuch as this mode of determining the nature of her complaint had never been hinted at by any of her former attendants; however, being a person of good common sense and proper feeling, when made aware of the necessity of this examination, she readily complied with the demand. At this time, a little over two months had elapsed since the emptying of the sac by the customary spontaneous rupture of its membrane, and it had now acquired near two-thirds the size of a hen's egg; it was situated half an inch posteriorly to the meatus urinarius, running backwards along the course of the urethra an extent of near two inches; it was firm and elastic, evidently fluctuating, and insensible unless subjected to undue pressure. A catheter passed readily into the bladder, and a small quantity of urine discharged. The first step in the treatment was to open the abscess—or sac—and then to endeavour to prevent its return by causing the obliteration of its cavity. With a lancet a small puncture was made in the most depending and anterior portion of the sac, when near two ounces of the same thick, yellow-coloured fluid were evacuated; a probe was now introduced in the opening and the cavity carefully explored in all its directions, when a small passage or sinus —just admitting the probe—was discovered running parallel to the urethral canal, a distance of some two inches; a catheter was passed into the bladder, when catheter and probe both came into contact in the cavity of this organ. The peculiar features of the case were now very clearly explained and demonstrated—it was nothing more than an interstitial fistular separation of the urethro-vaginal mucous membranes, extending from the neck of the bladder to nearly the entire extent of the urinary passage. The manner in which the swelling was developed is to be explained as follows:—A few drops of urine were constantly lodged in the sinus, which kept gradually increasing after the healing of the opening resulting from the spontaneous rupture of the sac, till it had acquired its ordinary size, then another break would take place, and immediately after this occurrence, for some days, and even weeks, there was a continual oozing of urine through the *now* complete fistule, and which occasioned the disagreeable and unusual moisture of the parts; then the opening would gradually close, and proportionally the sac would increase by the greater amount of urine retained in it, and, although, it would materially diminish during the recumbent posture it was, nevertheless, never completely empty, by the retention of the thickened urine, the more fluid parts being either removed through the process of absorption, or flowing back into the bladder.

The indication here was to lay open the track of the sinus, and attempt the radical cure by attacking the small vesical opening. This was done in the following manner:—A grooved probe was introduced the entire length of the fistulous canal, and then a very small straight pointed bistoury was carried along, dividing the sinus and making it one with the vaginal canal. After the bleeding—which was somewhat profuse from so slight a division of parts—had been checked, a silver catheter was passed into the urethra, while a large sized fenestered speculum was introduced into the vagina. I now found out the very simple cause of this poor woman's