

used in delivering her. I enquired what the other medical men had done to try and relieve her.

She replied they had given her medicine. Did they examine you? She said only one had made an examination, and that, on close enquiry I found to be only digital. She says they all considered she suffered from paralysis. One doctor galvanized her night and morning for about six weeks, another gave her a prescription for some pills, each pill containing two grains of Quinine and a thirtieth of a grain of Strychnine; such had been the treatment before I saw her. On introducing a common glass vaginal speculum, I found on the left side of the mesial line and about one-inch and-a-half deeper than the orifice of the urethra, a vesico-vaginal fistula was very apparent; the opening was about the size of a five-cent piece; on introducing a silver catheter through the meatus urinarius a small quantity of urine escaped through the catheter and on the contraction of the bladder a little escaped through the fistulous opening; the catheter, could be distinctly seen through the opening. Having determined the extent of the lesion, I felt satisfied that it was a suitable case on which to try the actual cautery, and having fully explained the operation to the patient and pledged her my word that it was not a painful one, she consented, and, being desirous to return home soon as possible, it was decided that it should be done in the morning.

Next morning, at the appointed time, I placed my patient on a table on her hands and knees before a good light, two female friends of the patient being present to assist me.

The vagina being well dilated by a trivalve speculum I had a splendid view of the fistulous opening; having heated a small button-headed cautery to a white heat, I applied it freely to the edges of the opening; she did not complain of any pain during its application. I filled the vagina with a long strip of lint saturated with olive oil; saw my patient comfortably in bed, gave twenty drops of tincture of opium, instructing the nurse to keep her as quiet as possible. On my calling again in the evening found she had enjoyed a nice sleep, was free from pain and in good spirits; emptied the bladder with catheter, ordered twenty drops of tincture of opium at bedtime.

8th. Called early upon my patient; found she had slept well through the night, passed catheter, no urine passed by fistula: evening passed catheter.

9th. Found her up and sitting in an armchair; complains of no pain, no urine passed through fistula, passed catheter and drew off nearly a pint of urine.

10th. Passed urine naturally, renewed the oiled lint.

12th. Was called from home yesterday and did not see my patient till to-day; she had passed urine naturally three times, the oiled lint came away when walking.

16th. She passed urine naturally; stated that on rising this morning she found her bed a little wet; on examination I found the false opening nearly all healed. I informed her I should require to touch the small opening again as it was not perfectly closed, that in the meantime she might go home for a month or five weeks and then return, when I hoped to complete the cure.

March 1st. On examination I found the fistula reduced to about the size that would admit of a small crow-quill being pushed through; on trying I could not pass the point of a No. 7 elastic bougie. Placing her in the same position as before, dilating the vagina with speculum, and having heated to a white heat the stilette wire of a No. 12 elastic catheter, I passed the tip well into the opening, making it touch all round the edges; used no dressing, but desired my patient to frequently micturate, so that the bladder might not become over-distended.

2nd. She has followed my instructions, had no pain; I allowed her to return home, desiring her to let me see her again in a few weeks.

April 17th. Received a letter from my patient informing me she had now perfect control of her urine, none having come away by the fistula; she was delighted to think she was cured; as she was feeling so well she would not visit Ottawa before June, when she would report herself.

June 9th. Mrs. P., called to-day; on examination found the fistula completely closed.—She remarked to me "I have been several times to church recently. I could not go out into public, I had not been to church for nearly four years. I was afraid to go for fear that people would notice the smell."

This case is of some interest. When the fistula is small, I find that they are readily cured by the use of the actual cautery; such has been my experience in several cases. It is better and much easier than to attempt an operation with sutures: again I must remark the operation is almost painless, it is so simple and easily done. If ordinary care is observed, it is also one that wins the life-long gratitude of the patient.

CLINICAL LECTURE ON DISEASES OF THE SKIN.

DELIVERED AT THE NEW YORK HOSPITAL BY L. DUNCAN BULKLEY, M.D.,
Physician to the Out-Patient Department—Class of Venereal and Skin Diseases.

Psoriasis Treated with Chrysophanic Acid.—Eczema Rubrum.—Eczema Rubrum with Varicose Veins.—Recurrent Eczema.—General Diffuse Papular Syphilide.

GENTLEMEN: At the beginning of each lecture we will show the patients, and, if time allows, I wish at the close to spend twenty minutes or half an hour in didactic review of what we have seen. Our clinic depends upon the material sent to us and upon our out-door service here, so that I can-