vagina. He, thinking this arose from stenosis, sent her to the clinic When first examined there, the finger felt a narrow canal, at the end of which a sharp-edged circular fold separated it from a somewhat more extensive cavity; behind this latter cavity the fœtal head was felt through a thick septum. On inspection, it was discovered that the canal was not the vagina, but a dilated urethra, and the sharp-edged fold the sphincter of the bladder; the cavity was the bladder, and the membrane separating the finger from the fœtal head the posterior vesical wall. From the orifice of the urethra to the fourchette there stretched a strong bluish membrane, across which several veins ran. No opening capable of admitting the finest probe could be found. A somewhat similar case of persistence of the sinus urogenitalis is described by C. Von Braun in his text-book. Coition must have taken place through the urethra, and some opening in the hymen must have existed, permitting the escape of the menses, which had been normal, and also allowing of the introduction of the seminal fluid. This orifice must have become closed up during pregnancy. Incisions were made in the hymen and in the perineum, and the labor was satisfactorily concluded.—*The Lancet.*

THE TREATMENT OF BUBO.—The treatment of bubo resolves itself into several practical considerations: 1. We have the question of prophylaxis; 2. The prevention of suppuration; 3. The management of suppurating bubo; 4. The management of sinuses and exposed lymphatic glands; 5. The management of gangrenous and phagedenic bubo; 6. The management of chronic or indolent bubo.

Prophylaxis is much less likely to prove effective in chancroid. All strains and violent efforts must be interdicted. Approximate absolute quiet as much as possible. If a person has to stand, apply a double spica bandage with a compress in each groin to prevent the injurious effects of strains by supporting the part. Keep the bowels open.

2. To prevent suppuration we may counter-irritate with the iodine tinctures and apply pressure by means of a five pound shot-bag. A compressed sponge may be used, being held in place by a spica. Collodion applications are often of service. Kern's cataplasm of black soap and mustard is recommended. Injections of carbolic acid are not favorably regarded. Lead and belladonna ointments are advocated. Main reliance is to be placed upon poultices. Calx sulphurata may be given internally in doses of one-twelfth of of a grain every hour.

3. When we find that suppuration is inevitable, which is always the case in virulent bubo, we should at once endeavor to promote the formation of pus by every means in our power, and then open antiseptically.

4. When practicable, such sinuses should be thoroughly laid open, and the hard and indurated track cut away. They may sometimes be induced to heal by applications of the solid stick of the nitrate of silver, but they are quite liable to re-open, especially if the patient is cachectic, or moves about a great deal, as the tissue about them is of a very low grade of vitality.

We may also incise the external opening, and insert a wedge-shaped piece of wax, the base of which is gradually shaved off as the bottom of the cavity granulates. Injections of very hot water, frequently repeated, have also proved quite useful in my own practice. I usually combine them with the use of pencils or tents of iodoform, and it is this plan which has afforded me the most favorable results. The tent is to be dipped in vaseline, and then inserted into the sinus, care being taken that its bottom is reached. It is then cut off level with the surface, and powdered iodoform and a compress applied over all. I have also used a mixture of iodoform and glycerine, ʒij to the ounce, as an injection for sinuses and fistulæ in various situations, and have had excellent results.

The management of exposed and hyperplastic glands ought to be sufficiently simple. When free glands are found on opening a bubo, they should at once be removed, for if left, they will, as is known, act as foreign bodies, and prolong the healing process indefinitely.

5. The treatment of bubo, complicated by gangrene or phagedena, does not differ from that of chancroid attended by the same complications.

6. Here we must use the regular constitutional tonics, with a liberal diet. The bubo may remain bad and indolent a long time before pus forms. Here proceed as in 2. I have mentioned the method of punctate cauterization in connection with acute bubo as applicable to the treatment of the form at present under consideration. The modification of this method which appears to me most effectual, consists in drawing a series of intersecting lines over the surface of the tumor with the Paquelin cautery, in the manner often used in inflamed joints. Although not very painful, this method is usually objected to by the patient. Special mention is made of a variety of chronic bubo which accompanies the form of chronic chancroid, termed "lupus of the vulva," or in the male, chronic phagedena. This form of bubo is identical in its general characters with the lesion of the genitals, and presents an elevated, hyperplastic mass of tissue of greater or less extent, with an unhealthy pultaceous or worm-eaten appearance of its surface, which secretes an unhealthy, ichorous fluid. The disease extends very slowly, if at all, after having attained a certain size, the ulceration having meanwhile become continuous in many cases with the genital ulcer, There are apt to be several of the buboes, either distinct or connected by ulceration. Such cases