

period of nine months, but in this it was foiled owing to that assistance, which was so plainly pointed out and was not rendered by those who should have done so.

*c. Secale cornutum.*—The last thing done was the administration of the secale; the pains, for two days, had been of the hardest and best adapted character; but, forsooth, they must be increased and multiplied to expel (!) the child, if that could be done, to the imminent risk of rupture of the uterus! Let my readers make a note of this mode of treating a case of midwifery; and, although, I would not advise them to follow this *wise* course of practice, I would still have them bear in remembrance the not unexpected results.

7. *Vesico-vaginal Fistula.*—During my first examination, which was necessarily more protracted than under ordinary circumstances, the strong odour of urine pervading the bed, and the peculiar acrid feel of the soft parts, together with the story of the *second* bag of membranes, led me to make a careful exploration of the superior and anterior walls of the vagina; there was no tumour, but with a little manipulation, the index finger of the right hand entered a small opening back of the symphysis, and imparted the sensation as if in a close cavity, its edges were hard, thick and resisting; there was no giving way of the parts around the opening, as is always the case by the gradual tearing of the amniotic membrane. The os uteri was fully dilated, and its superior segment not only very much thinned and relaxed but allowed the free passage of the finger between it and the child's head. After the expulsion of the placenta, I had the opportunity of making a still closer examination, and became immediately satisfied that there existed an opening—a little less in size than a quarter dollar piece—at the inferior and anterior portion of the bladder, just posterior to its neck; and this had been caused by the boring and scratching of a thirty-years' *helping* and experienced finger!

To remedy, at once, the very sad results which would have resulted from the protracted neglect of this lamentable accident, and save the patient's life from being embittered by a repulsive infirmity, I advised the husband to keep a large sized-catheter in the urethra and bladder, that as much of the urine as possible might pass through the instrument; to syringe out, twice a day, the vagina with tepid and emollient injections; and after cleansing the wound of the lochial discharge to apply the solid nitrate of silver, through a fenestred speculum, freely to the edges of the fistulous opening, once in two or three days. This plan was pursued till the cessation of the lochia, which took place about the twelfth day, when the tepid and emollient injections were changed to cool and strong astringent ones; the use of the catheter was still continued, and a piece of sponge introduced in the vagina, directly under the opening, to catch and retain what urine might drop through; the sponge to be renewed several times daily, thus ensuring comfort to the patient, and in a great degree, immunity of the soft parts from the contact of the acrid secretion. The opening gradually closed, till at the expiration of a couple of months it was reduced to the size of a probe; and this being cauterized, once or twice a week, with a sharp piece of the nitrate of silver, resulted in as happy and perfect a cure as it was certainly unexpected. Some eighteen months since, and nearly the same period of time,