one in four thousand, and the sutures tied. The rectum is then packed with iodoform gauze. The bowels should be kept quiet by means of opium for four or five days, and then moved by copious enemata. The patient is confined to bed during the healing.

The blind internal fistula has to be converted into the complete variety and treated as above.

In the horse-shoe form it will not do to divide the sphincter on both sides at one time. The usual course is to operate on one side, and after good union has been obtained, the opposite side may be treated.

The methods of treating fistulæ by the ligature and the cautery are uncertain as compared with that of the knife. In the majority of cases they are also more painful than the cutting operation. The plan of treating by enlarging the external opening and curetting the sinus answers in some selected cases; yet there is always the risk that the internal opening may not heal, and the fistula continues unimproved.

There can be no doubt that the best surgical procedure for fistula in ano is to open the sinus freely. Then see that all arms and pockets are thoroughly cleansed out, and curetted if necessary. The wound should be treated either by packing with gauze, or by sutures.

The advisability of operating on phthisical patients has been much discussed. Eminent authorities can be found who condemn the operation in these cases. One can hardly fancy a fistulous channel at the side of the rectum as being of any advantage to a phthisical patient, and the best opinion is now in favor of operating in all cases where there is sufficient vitality to heal the wound.

Lumbar Puncture.

SINCE the introduction of Lumbar Puncture by Quincke, in 1891, its merits as a diagnostic and curative procedure in cerebral and spinal diseases have been tested both in Europe and America. The technique is so exceedingly simple that the general practitioner may feel no hesitancy in performing the operation in suitable cases. The spot chosen should be between the third and fourth or fourth and fifth lumbar vertebræ, a little to the right of the median line, the aspirating needle being introduced from two to eight centimetres. While its curative value can never be eminent, owing to the fact that it does not remove the cause of the trouble, its value as a means of diagnosis is of great importance. It tells the pressure