

severe labour-pains in her fourth confinement, which continued the whole day until 8 o'clock A.M. of the 30th, when the waters broke and came away in large quantity, after which the pains subsided until about noon the 1st of August, when severe bearing-down pains, without a moment's intermission, occurred, and from that time was unable to urinate, although having the most intense inclination to do so. At 2 o'clock P.M. on the 2d, the medical attendants stated, after they had in vain attempted to introduce a catheter, that there was a bag of waters on the head of the child, which it was necessary to open in order to allow the child to be born. Assent being given, they made a puncture with a pair of scissors, from whence flowed a pot full of bloody water, which immediately relieved the wish to urinate. The urine came away incessantly scalding, so that the suffering was almost beyond endurance. She was unable to leave her bed for more than three months after confinement.

*On Examination.*—There was found a circular opening four lines in front of the anterior lip of the os uteri, which permitted the introduction of the largest sized catheter into the bladder, there was also a harder cicatrix extending from it towards the bladder.

*Treatment.*—For a few months I used caustic applications and cold astringent injections without success. On the 9th of May, with the kind assistance of several of my medical brethren, I pared the edges of the fistula and passed two silver and four annealed wire sutures through it and continued the use of the catheter in the bladder, which appeared to do well until about three weeks, when she observed the urine escaping again per vaginam. I then ascertained that the opening had been reduced more than one half. I then again pared the edges and brought them together by four annealed wire sutures and applied a pair of long delicate bullet forceps to retain the vivified portion of the fistula in perfect apposition, which had a most happy effect in producing partial prolapsus and thus very materially facilitating the introduction of two more stitches, which were necessary in consequence of the others being disengaged too soon. These two remained ten days—about the same time as the first—with a successful result. I would recommend the annealed wire from its easy application and less liability to break, than the silver.

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*Extirpation of Nail of Thumb under Anæsthesia by Cold.* By JOHN PARSONS, M.D., of Mount Pleasant, Kansas.

Local anæsthesia, as is well known, can be produced by snow or ice and salt, and minor operations performed, without pain, as in the following case of onychia.

Mrs. B., who had been treated by charlatans with salves, &c., for the past four months without any benefit, lately applied for treatment, and I decided to remove the partly detached nail of the right thumb. As she dreaded the pain of the operation, and also taking chloroform and ether, I concluded to try *freezing* with snow and salt. In two minutes, the thumb being insensible to pain, I quickly extirpated the nail. The thumb was then thawed in water and then simply dressed. Seven days after the operation, it was healing rapidly, and a new nail had appeared.

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*Anencephalic Monster.*—By A. A. MOORE, M. D., Camden, S. C.

I was summoned, April 10th, 1866, at 11 o'clock at night, to a coloured woman, aged 25 years, in her second labour, the first had been natural. The patient thought she had had labour pains since the morning of the 8th