I know no case where the aspirator has been so freely used ; but it should be distinctly stated that the tube employed was the smallest (of the diameter No. 1, *filière* Charrière, $\frac{1}{3}$ of a millimetre.) The patient dreaded the tube next larger in size, $1\frac{1}{3}$ millimetre, which was inserted a few times, producing pain and tenderness. It is a little difficult to keep so small a tube free, but it is uncertain how far a larger one would be innocuous. Indeed, a German writer has within the last year wholly condemned the use of the aspirator in the intestine because it produced in his hands fatal results. Yours truly,

HENRY J. BIGELOW.

AN UNUSUAL RECTO-VAGINAL FISTULA.

BY E. CHENERY, M. D.

THIS rather unusual case of rectal fistula, opening into the vagina, may be of some interest to others as it was to me, since I was obliged to treat it without being able to find any account of a similar case.

Miss S., twenty-eight, employed in a shop, had for some time been declining in health. She finally left work and came home to rest and try means for her restoration. Her symptoms were those of general debility, anæmia, and costiveness, to meet which she was advised to take an electuary of subcarbonate of iron and powdered Peruvian bark. It was hoped that the bark in this preparation would serve to overcome the habitual costiveness, as also the constipating effects of the iron. Contrary to expectation the mixture proved violently cathartic, attended with considerable irritation of the rectum and sharp pain and weight in the perinæum. Each dose being followed with like effects, but few doses were taken. The pain and irritation at the lower part of the bowel which had now begun did not fully cease. A small swelling soon made its appearance to the front and right of the anus, about an inch and a quarter from the anus and three quarters of an inch to the right of the perineal raphé. Following the bunch, a purulent and offensive discharge came on from the vagina, with occasional bubbles of air. In this condition she subsequently consulted me.

On making pressure on this tumor, which was somewhat larger than half a filbert, it was found that the matter escaped into the vagina and appeared at the vulva ; and a speculum revealed the fact that the outlet was on the posterior wall of the vagina, about two inches within.

The case was regarded as a rectal fistula in which the sinus had come to the inner surface of the skin and, instead of perforating it, had burrowed upwards outside of the sphincter vaginæ, and made its exit through the vaginal wall of the recto-vaginal septum, traveling a long way to go a short distance.

It appeared to me that if I could introduce a fine flexible probe into the vaginal orifice of the fistulary sinus, and carefully work it down the serpentine tract to the interior of the swelling, I might then cause the end of it to impinge against the under surface of the skin, and be able to open down upon it and bring it through without disturbing the parts. After a little patience, by the aid of a fenestrated speculum I succeeded in doing this.

Being now practically rid of the vaginal portion of the canal, I had reduced the other half to a simple common fistula. The next step was to introduce another probe at the point where the first came out, find the sinus, and follow it round the sphincter ani to the bowel. This was easily done; and the part was divided in the usual way. The probe being taken from the vaginal part and the canal well irritated, the lower opening was plugged with a pellet of cotton, and the cut packed and dressed. The patient made a speedy and perfect recovery, suffering no damage from the operation.

RECENT PROGRESS IN OTOTOLOGY.¹

BY J. ORNE GREEN, M. D.

Treatment of Otorrhœa. — Schwartz² replies to Politzer in the next number of the same journal and considers that the failures to relieve in certain cases of otorrhœa treated by the caustic solutions of silver is owing to a want of care in the selection of the time for repeating the cauterization. He considers that the application should be repeated as soon as the slough from the preceding cauterization has come away. If the interval between the applications is too long, no progress is made. He also now uses stronger solutions than formerly, but if a very strong application is indicated he prefers the mitigated solid stick (*lapis mitigatus*) to the saturated solution. The neutralization with a solution of common salt he still considers advisable from one unfortunate result which occurred to him years ago, and he also favors neutralization of any of the nitrate which has passed into the nose by salt-water injections into that cavity.

Exostoses in the External Meatus. — Aldinger³ narrates a case of exostoses in both meatuses which gradually filled the passages and produced such inflammation as to require operation. Successful operations in such cases have been so rare that these are of special interest.

The patient, a healthy man thirty-six years old, was first seen with inspissated cerumen in one ear, which had caused deafness. On re-

¹ Concluded from page 585.

² Archiv für Ohrenheilkunde, vol. xi., No. 2.

³ Archiv für Ohrenheilkunde, vol. xi., No. 2.