wards devoted to these diseases, while other wards contained an unusually large number of venereal cases. The ambulance service, disinfection plant and laboratory are a credit to this humane beneficent institution. The nursing is in charge of twenty-four Sisters of Charity. Since the terrible epidemic of yellow fever in 1872, this disease has not originated in Argentina. Vaccination is compulsory and the bovine virus is produced under the direction of the board of health, and is distributed gratuitously, and every care and precaution are exercised to stamp out smallpox which has so often cropped out and ravaged different parts of the country.

If I had to offer any one criticism concerning the management of the hospitals of Buenos Aires, I would mention the lack of properly trained and well educated nurses as the most striking defect in all of the institutions which are in charge of the Sisters of Charity or any other order of the Roman Catholic church. These sisters are devoted, faithful hard-working women, imbued with the right spirit of humanity and charity, but they can never fill the places of our educated, well-trained nurses until they have been educated up to the same standard in the science and art of nursing, and it will be then, and only then, when we may expect the establishment of successful training schools for women nurses in South America. This, if accomplished, will meet the most important desideratum of the medical profession and the suffering public of that country.

MONTEVIDEO, URUGUAY, Aug. 11, 1907.

(To be continued.)

Clinical Notes

A COMPLICATED CASE OF VESICAL CALCULUS.

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AND

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In the following case the patient was referred to us from west Texas for operation. The case had been diagnosed by the home physician as one of vesical calculus.

History.—Mrs. V., aged 30, a native of Texas, had had no serious illness since childhood. She had borne five children. The youngest was born Dec. 4, 1901, and she has not been pregnant since. She has never had a miscarriage. The family history was negative. She was perfectly well until six or seven months previously, when she began to suffer from colicky pains in the lower part of the abdomen. The pains were slight at first, but gradually increased in frequency and severity up to three or four weeks before she was seen, when they became almost constant and well-nigh unbearable, being especially severe at the end of micturition.

Examination.—The patient was considerably reduced in flesh, but otherwise in fair condition. A sound introduced into the bladder encountered a stone lying apparently against the mouth of the urethra and gave the patient a great amount of pain. With a soft rubber catheter a small amount of urine was drawn from the bladder. This was bloody and full of pus, the odor was very offensive. The bladder was so tender that no satisfactory bimanual examination could be made. Two Roentgenograms were made. The first was taken through the thickness of the pelvis, the other with the plate inserted in the vagina. The first showed practically nothing; the latter showed not only the stone, but what seemed to be a large hairpin. Patient denied all knowledge of the hairpin, even when shown the plate.

Operation.—Under ether anesthesia the bladder was opened by a colpocystotomy, and a stone, decidedly larger than we had expected, judging from the size of the picture on the x-ray plate, was found, and, moreover, the stone was firmly anchored, both points of the pin being imbedded in the tissues at the base, while the curve of the pin was entirely outside of the bladder. After considerable effort, the points of the

pin were withdrawn from the tissue, the stone partly crushed and the remainder broken into two pieces and one part loosened from the pin. The other shaft of the pin which still held one piece of the stone was then seized, and after using considerable force the pin and stone were withdrawn from the bladder. The other half of the stone was then easily removed. On account of the severe cystitis the vesico-vaginal cut was left open. The patient made an uneventful recovery.

Subsequent History.—The following history concerning the pin was elicited from the patient some time after the operation: Some six or seven months previous to coming to us she had suffered from some ailment about the vulva and vagina which produced an intense itching, and one night while lying in bed she had attempted to relieve this itching by scratching the parts with a hairpin. The pin while inserted in the vagina had slipped from her grasp, and she never knew what became of it, had never thought of the pin as being the cause of her subsequent trouble.

The idea of taking an x-ray picture with the plate inserted in the vagina, while it probably has been done

Vesical stones attached to hairpin.

before, was original with us. The plate was protected with black paper and inclosed in a fish bladder. The exposure was four minutes, which was too long, as the plate was somewhat overexposed.

A CASE OF RUPTURED UTERINE SINUS.

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AND

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The following case occurred during the service of Dr. Franklin G. Balch at the Massachusetts General Hospital. A rather careful search of the literature has failed to reveal a similar case, although it seems prob-