

the operation, the tissues became so sodden that the stitches would not hold.

On July 5th the incontinence was still present. During the previous night the patient suffered from intense pain in the hypogastric region, and about 8 A.M. passed two pieces of membrane, together with a quantity of granular and fibrous débris, per urethram. The incontinence lasted for about two weeks after passing the membranes, but since then she steadily improved under the above treatment, which was resumed a few days after the membranes were passed. The patient was now very weak, so general tonics were added.

On Sept. 6th she left hospital, being practically cured of her bladder trouble, as she could retain her urine as long as she chose.

Description of Membranes.

(a) *Macroscopic.*—The pieces of membrane passed were roughly ovoid in shape, being smooth on one side and rough on the other. One piece was about the size of a silver dollar, while the other was about half that size, the thickness varying from $\frac{1}{16}$ to $\frac{1}{32}$ inch.

(b) *Microscopic.*—Four layers may be made out, but they have no definite lines of demarcation. They may be named as follows: 1. Fibrous. 2. Fibro-granular. 3. Vascular. 4. Musculo-granular.

The *fibrous* layer is composed of elastic and connective tissue fibres running longitudinally. This layer is very thin, and is entirely wanting at some parts.

The *fibro-granular* layer, as its name implies, consists of fibrous and granular material. The fibrous element is composed of both white fibrous and yellow elastic tissue, the latter being scattered throughout the layer. The white fibrous tissue runs in different directions through the specimen, the bundles interlacing with each other here and there. Some of the bundles are large and dense, while in other places only a few fibres are to be observed. The granular material fills up the spaces between the bundles. This contains some connective tissue corpuscles, but in most places the tissue is so degenerated as to be