into the bladder. The large sound was then removed from the hypogastric incision, and the wound in the bladder closed by carrying the sutures across the incision, threading them in by a cleft-palate operation. The external skin wound was left open to granulate up. No constitutional disturbance followed this operation, which was performed under the carbolic spray in all its details, though recognizedly it was only possible to keep the anterior wound *entirely* antiseptic. No escape of urine ever took place from the hypogastric incision. A month after the operation the catheter was passed the whole length of the urethra into the bladder, and the external perinæal wound left to close as far as it would. Early in September the perinæal wound was so far closed that the catheter was left out at intervals, and the patient showed that he could pass urine down the whole length of the urethra in a good stream without any of the previous obstruction. At the present time the patient remains in good health, generally passing the catheter for himself, by preference, about twice in twenty-four hours, to avoid any possible future contraction in the new portion of the perinæal urethra. It is urged that this supra-pubic operation, though admitted inferior to "Cock's operation" (for opening the urethra at the apex of the prostate), as far as risk to the patient, facility of performance, and general success in results are concerned, may yet be the greatest value where the "Cock" fails in success,—as, indeed, is shown by this case. Such failure can only be due when properly performed, to some displacement of the urethra from its normal position. In the present case this arose from the contraction of a vast amount of cicatricial tissue produced by a very bad compound fracture of the pelvis, but it may also be due to the pressure of tumours, or to unsymmetrical suppurations about the neck of the bladder, as in some cases of old and repeated extravasations of urine. In the present case the operation was rendered entirely antiseptic by the washing out and injection of the bladder with thymol solution first, prior to the performance of the operation. It is pointed out that even in cases where the bladder is contracted down behind the pubis, and filled with stinking ammoniacal urine, this may probably be done with success by the use of the aspiratory trocar and canula after the skin incisions have been made, but before the bladder has been incised. In this way, by alternately pumping in and sucking out fluid, the bladder may be thoroughly washed out, and finally hyper-distended with antiseptic fluid, whereby the subsequent steps of the operation are much facilitated. The method of passing the sutures prior to opening the bladder enabled the viscus to be well held up against the external wound in spite of its collapse after opening. And subsequently they enabled the wound in the bladder to be rapidly and completely closed whereby all risk of subsequent infiltration of urine was avoided.—*The Doctor*, Nov., 1878.

POTT'S DISEASE.

BY LEWIS A. SAYRE, M.D., OF NEW YORK.

Gentlemen, I shall not attempt to give you anything like a full lecture on this subject, but propose to make a few practical remarks and application of the treatment in the cases before us, so that you can understand the main points as well as the details of the treatment, and thus be enabled to do your patients as much good as I or any one else can do.

I shall speak first of Pott's Disease, now Pott's Disease and lateral curvature are both deformities, but one is a deformity only, while the other (Pott's Disease) is a disease.

We find this to be the result of inflammation and absorption of the bodies of the vertebræ. The misfortune is that no deformity is observed until this condition has ensued. Could we find this out in time, as we should do by correctly interpreting the symptoms presented, the disease could be arrested and the patient cured without deformity. I believe the direct or exciting cause of Pott's Disease to be traumatic, and in saying so, I do not desire to be understood as not allowing scrofula and other hereditary forms of transmitted evils *to predispose* to it when there is an *exciting cause*, but I do not believe it occurs except from traumatic origin. And many have done me the injustice to say that I do not credit such evils as impoverished blood caused from scrofula, phthisis, syphilis, etc., as conducive to the disease, because I deny that they produce it independent of some exciting cause. Some injury is necessary to develop the disease, even in the depraved constitution.

It may be a fall across the hearth-rug, a gentle tip, or some slight trouble which would suffice to develop the disease in the feeble constitution, and from constant irritation cause trouble at the distal end of the nerve, and hence Pott's Disease from remote injury.

The majority of cases occur in robust, healthy children, because they do not *guard themselves against injuries* like the weakly, ill-nourished child. The healthy child goes romping and tumbling about, and gets an injury which finally results in Pott's Disease, while the child predisposed to it is careful, and goes along and misses it often times, because its bad health keeps it from exposure to violent exercise and accidents consequent upon such a life.

You will observe the young one afflicted with this disease endeavors to put on a natural splint by keeping the muscles of the body rigid and the back straight, and thus getting the relief which is only to be obtained in this way; if the stoops, it is