

as best she could. While passing through Montreal on the way back a friend induced her to come to the Montreal Dispensary. I found the vulva ulcerated and the thighs excoriated, and I could see the urine trickling from a small opening in the right vaginal fornix. I sent her into the Western Hospital, and after a long and absolutely accurate investigation of the condition, with which I will not weary you, I did a plastic operation, which failed, because the stitches cut out of the scar tissue, which had replaced a large extent of the mucous membrane in that locality. I tried once more by passing a silk-worm-gut purse-string suture far above the mouth of the fistula, hoping to reach healthy tissue. But this also failed. Then I obtained her consent to try implantation of the ureter. This consists in opening the abdomen, finding the ureter, cutting it off above the injury, and implanting it into an opening made in the highest or nearest point in the bladder. As Howard Kelly lost one case by septic infection from the urine, my patient was carefully prepared by giving her seven and a half grains of urotropin three times a day for a week beforehand to render the urine aseptic. Van Hook's method was employed, except that I did not follow his example of introducing the main traction sutures right into the cavity of the ureter and bladder, because I feared the formation of a calculus by deposition on the silk. I went through the muscular layer only of the ureter and bladder. These main stitches were reinforced by many chromicized catgut ones, stitching the mucous membrane of the ureter to the mucous membrane of the bladder, and the muscle of the ureter to the muscle of the bladder. I was able to do nearly the whole operation without opening the peritoneal cavity, but owing to some unforeseen difficulties, I was obliged to open it for a few minutes. A drainage tube was introduced to the site of the implantation in case it should leak, and a glass catheter *à demeure* was left in the bladder for a week. There was not a drop of leakage, and she made a good recovery, and went home and has remained so ever since.

The second case, a Mrs. H., 29 years of age, mother of one child, which was dragged out with instruments twenty-one hours before the natural completion of labour. A year later she went to a doctor, who told her she had a badly lacerated cervix, and treated her with tampons, which gave her great relief for the time. But getting worse again soon, she went to Dr. Reddy, who diagnosed cancer of the cervix, and urged her to have vaginal hysterectomy at once. He kindly called me, and I removed the uterus within a few days of his first seeing her. As it was difficult to draw the uterus down, I employed the clamp method, and unfortunately caught the right ureter in the clamp. For two days afterwards, on removing them, there was a slight trickling of urine from the vagina. Transplantation was performed in the same way, as in