cess by which the tissue is thrown off. The terms *croupous* and *diphtheritic*, in fact, imply the formation of a distinct false membrane. I will not venture to deny that such does occur, for it is well known that it does, but there is, in addition, a process called "necrosis of the bladder." This name has been suggusted by Dr. F. W. Haultain of Edinburgh, who, in a valuable monograph upon the subject, has proved the process to be one of distinct necrosis, the tissue being killed and thrown off just as in the case of a necrosed bone.

Now the question is, *is* this a false membrane or is it an integral part of the wall of the bladder that has become necrosed? I agree with Dr. Haultain and maintain that it is a necrotic process that has occurred in the vesical wall. The structure of the specimens in these cases differs from that of a false membrane. In the latter, you have leucocytes held together by bands of fibrin or connective tissue fibres, if the exudation has become sufficiently well organized; and it may contain more or less degenerated cells from the subjacent tissue. In the specimens from necrosis of the bladder, you find broken down granular cells held together by bands of fully formed white fibrous and yellow elastic tissue. The presence of muscular tissue in different stages of degeneration I hold to be further proof of the process being a necrosis of previously formed tissue, and not of the formation of new tissue.

The exfoliated membrane seems to be replaced by inflammatory tissue which has become fibrous. In fatal cases, the bladder has been seen to be surrounded by an area of inflammation, all the adjacent structures being matted together, forming a kind of secondary sac. The specimen from one of Dr. Haultain's cases shows this very well, there being two whitish patches on it somewhat resembling peritoneum. On closer examination, these patches proved to be pieces of this new fibrous tissue, which had adhered to the exfoliated sac and been torn off with it. A portion of the sac had separated and fallen across the urethral opening, so preventing the escape of urine. This collected behind the sac, forcing it further and further down through the urethra, as well as preventing its rise with the bladder wall