

ties of teething, and in the case now reported the main troubles of the patient seem to be traceable to that condition.

The operation performed on this little patient differed in no respect from that previously described, except in the fact that great care had to be observed in passing down to the rectum by the side of the vagina. However, this was safely accomplished; the rectum was reached without encountering the peritoneum; and the transplantation was made in precisely the same way as that above described. Here again it was found perfectly easy to bring the ureters down very close to the internal sphincter, where the transplantation was made. Though the vagina escaped injury during the transplantation, a slight wound was made in it in the act of dissecting away the remains of bladder mucous membrane, which in this case was very small in amount. However, this wound seems to have healed kindly, leaving a patent vagina. In this case one of the catheters became plugged with urates at the end of forty-eight hours, so that no urine whatever came from it. Both catheters were consequently removed. The packing was not removed in this instance till the third day, and on the left side some extravasation of urine, and a little fecal matter occurred, and persisted for some weeks. Ultimately, however, the fistula closed spontaneously. I attribute this leakage to the fact that probably the opening into the wall of the rectum on the left side had been made rather too large. It is quite clear, I think, that had the peritoneum been wounded in this case death from peritonitis would have resulted from this leakage.

The subsequent history of this case could not be described as uneventful, but the least of the child's troubles were those pertaining directly to the operation. In fact, as far as the operation area itself was concerned, the result was, with the exception of the occurrence of the fistula above noted, quite satisfactory. The other troubles from which the child suffered need not be described in detail, but may be noted as consisting of bronchitis, swollen gums apparently accompanied with great pain, double purulent otitis media, and worms. However, the child gradually survived all these conditions, and was taken to her home ten weeks after the operation, in very fair and rapidly-improving health.

The day before she left the hospital I examined the rectum with the finger. On the right side there was a prominent papilla, representing the lower end of the implanted ureter; on the left side the papilla could be felt, but was much less prominent. The fistula above referred to had entirely closed, and the patient's general health was improving rapidly. There was a slight degree of irritation between the nates, but not immediately around the anus, and not more than is frequently present in children of this age. The child apparently had complete control of the sphincter,