

6. Plastic operation narrowing the urethra, which had been over-stretched before she came to me.

7. Plastic operation repeated.

The bladder was so small when I began to treat her that she could not hold ~~as much~~ as 10 c.c. of fluid, and even under extreme anesthesia she strained and forced the fluid out if more was thrown in.

During all the time of the above treatments she received at Miss Cook's hands 135 irrigations of either boric acid or nitrate of silver with boric acid.

Under this regimen the bladder recovered its capacity and normal appearance. To-day she is in perfect health and suffers no pain. The only remaining discomfort is that she urinates often, and this I have been unable to overcome, although I can now put 400 c.c. into her bladder.

IV. Miss C. P., age 52, came to me in October, 1902. I saw her first in bed, a lifeless invalid, suffering intense pain, with spasmodic exacerbations day and night. I never saw a sadder picture. She lay in a constant state of apprehension of pain and screamed when the vagina was touched even for the purpose of making the gentlest examination. The entire bladder was the seat of intense inflammation and ulcerations from the vertex to the left ureter. Its capacity was two-thirds of an ounce (20 c.c.).

She has made a perfect recovery and has remained well under the following treatments:—

1. October, 1902, vesico-vaginal fistula for drainage.

November, 1902, suprapubic fistula to wash through and through; enlargement of vesico-vaginal fistula. Plastic operation, opening the vulvar orifice, which acted like a sphincter to retain the foul urine in the vagina and bladder.

3. January, 1903, dilatation of suprapubic fistula with Hegar's dilators and introduction of a self-retaining catheter.

4. February, 1903, left nephroureterectomy, removing a tubercular kidney and ureter.

5. April, 1903, closure of the vesico-vaginal fistula.

Irrigations of a half saturated solution of boric acid were given from one to six hours daily, amounting in all to 1,000 hours of treatment.

The result has been an absolute recovery, and she is now stout, robust, and able to attend to all her household duties in town and country.

V. Miss L. M., age 24, came to me in January, 1900. She had had a vesico-vaginal fistula made to drain an intensely inflamed bladder three years before.

After trying various palliative measures, I opened the bladder above the pubis and trimmed off numerous granulations from the posterior vesical wall and then drained the bladder with iodoform gauze.