

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.

6. Miss L. M., aged 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.

In November, 1902, I excised the entire diseased area, including all the bladder wall, removing a triangular area from the vertex to the base of the bladder 1 cm. in thickness, and closing the opening with interrupted catgut sutures tied within the bladder. This is the case in which the whole bladder area was excluded from the peritoneal cavity by sewing the round ligaments and fundus of the uterus to the anterior abdominal wall. (See Johns Hopk. Bul., 1903, p. 96.)

All of the disease was not removed at this time and I had subsequently, on account of repeated hemorrhages, to open the bladder again (November, 1903), and excise three pieces, one in front, one at the vertex and one at the posterior wall.

The wounds were again closed with interrupted catgut sutures tied on the inside of the bladder. It was wonderful to see how little traces were left of the sequestration operation; there were only a few adhesions between the bladder and tubes and ovaries.

Remarkable features in this case were, first, the fact that giant cells were found in the tissues excised when we had been utterly unable to discover any bacilli in the urine or curettages, examined repeatedly over periods of months' duration.

Second, that the disease was primary as far as the primary organs were concerned; in the bladder, there was no renal disease.