- 2. Fourteen days later another curettage
- 3. Ten days later I was able to catheterize the left kidney and demonstrate a left pyonephrosis, which was opened and drained. At the same time a suprapubic cystotomy was done to facilitate irrigating the sensitive bladder.

I left a mushroom catheter in the kidney wound and a ureteral catheter in the ureter to facilitate washing out the kidney.

- 4. Dilatation of the renal and suprapubic openings.
- 5. Left nephrectomy (intracapsular enucleation) by mercellation. Closure of the suprapubic opening.
- 6. Plastic operation narrowing the urethra, which had been overstretched 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.

4. Miss C. P., aged 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.
- 2. November, 1902, suprapuble fistula to wash through and through; enlargement of vesico-gavinal fistula. Plastic operation, opening the vulvar orifice, which acted like a sphincter to retain the foul urine in the vagina and bladder.