

Baby O⁸. Female, aged 1 1-2 years, was brought to me the end of January, 1908, suffering from exstrophy of the bladder associated with a large procidentia recti. Fig. 1. On the 4th of February, in the Hospital for Sick Children, I operated for the cure of the procidentia recti by infolding the rectum with six fine silk sutures, leaving the ends long, and then tying these to the parietal peritoneum in the left iliac region, the upper two sutures being used to close the opening into the peritoneum.

From the time the child recovered from the anaesthetic her disposition seemed to be entirely changed; from being fretful and cross most of the time, she became angelic. There was no sign of recurrence of the procidentia, and her general condition had improved so much that on the 27th of February I decided to transplant the ureters into the rectum, after the method of Peters, and this was done. I took care to leave a very large rosette at the end of each ureter, and when these were dissected out they retained a normal pink color, and one could see minute vessels ramifying along the course of the ureter itself. I then transplanted these into the rectal wall, making sure that there was no tension on them, packed the wound in the bladder surface with gauze, and returned the baby to her ward. She came out of the anaesthetic in a short time, was comfortable and happy, and took her nourishment well all that day and the next until about 5.00 p.m., when she suddenly became ill, and, upon examination by the nurse, the child was found to be pulseless and the temperature sub-normal. Stimulants were administered, but she died in about three-quarters of an hour. As an autopsy was not allowed it was impossible to discover the cause of death, but I am suspicious of pulmonary embolism. I think, probably, if one had been satisfied to return the baby to her home with the procidentia cured, and had given her 3 to 6 months to recuperate, that the ultimate result of the operation of transplantation would have been different. The operation was not a difficult one in this child and was done quickly, but she did not behave well under the anaesthetic at this second operation. It seems to me that it would be safer to wait until a child is two or three years of age before undertaking the operation. The probability is that then our results will be more uniformly good and the mortality lower.

Jelinek, in a recent communication to me, tells me that he has collected reports of 140 of these cases done by the Peters method, but that there has been a high mortality, and adds that, with the addition of Peters' own cases, recently sent him, the mortality is greatly improved.

The technique of the Peters operation, described by himself, is as follows:⁹ "On July 15th, 1899, the patient was anaesthetised, and the parts were disinfected as thoroughly as possible. The sphincter was well stretched, and the rectum, having been pre-