

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, but evacuations occurred every hour or two. She seemed to suffer no pain or discomfort from the presence of the urine in the rectum.

February 24th, 1902. Four months after operation. The mother writes me that the babe is gaining in strength and weight, "quite smart and lively," beginning to walk, and able to hold the urine from one to four hours during the day, and sometimes for half the night.

CASE 4.—R. B., male, aged 4 1-2 years. This case of exstrophy of the bladder upon whom I proposed to operate seemed to me to be the most hopeful subject that I had yet attempted, but the event proved that a fatal issue followed on the fifth day, clearly from one of the greatest dangers of any operation for transplanting the ureters in the rectum, viz.: an ascending infection which reached the kidneys. The anatomical condition was a typical one, and need not be further described.

The operation was performed on January 24th, 1902, and was done precisely as narrated in the preceding cases. The whole of the bladder tissue was removed with ease, and the raw surface left was brought together by silk worm-gut sutures from above downwards, so as to convert the wound into a line running transversely. The central portion of the wound was left unstitched, and packing of iodoform gauze was placed in its depths down to the level of the point of implantation of the ureters. The child seemed to recover well from the shock of operation, and the next day was fairly bright and took nourishment well. He had some vomiting, which continued for twenty-four hours. The catheter on the left side came out in about eighteen hours after the operation, and no attempt was made to replace it, but a tube was placed in the rectum to drain away the urine which poured out from the left ureter. This seemed to act perfectly well. Twenty-four hours later the other catheter came out, but the rectum continued to be drained by means of the tube, and this appeared to work quite satisfactorily. On the second day after operation he began to become drowsy, and this condition deepened continuously until the time of his death. His temperature rose before death to 101 4-5ths, which is the highest point recorded.

The amount of urine decreased, though it never ceased alto-