

After trying various palliative measures, I opened the bladder above the pubis, 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 Hopkins Bulletin*, 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 the 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 tubercle bacilli in curettages or in the urine, examined repeatedly over periods of months' duration; second, that the disease was primary and confined to the bladder as far as the urinary organs were concerned; there was no renal disease.

CASE 7.—Mrs. H. M., aged 34, came to me in May, 1901. She was an utter wreck from nine years of suffering, extremely emaciated, and abandoned to die of an advanced tuberculosis of both kidneys and bladder. The bladder was ulcerated from vertex to urethral orifice and there was not a sound spot to be seen.

I began, May 4th, by draining the bladder by the vagina and giving rest from the constant suffering.

May 18th, a left nephrotomy was done.

June 15th, left nephrectomy and a ureterectomy as far as the pelvic brim.

October 14th, closure of the vesico-vaginal fistula.

October 22nd, 1902, extirpation of the lower end of the ureter.

February 24th, 1903, suprapubic resection of the bladder, taking away about one-half of the bladder, including the left ureteral orifice.