

convinced am I of the efficacy of this valve, that in future cases I contemplate trusting solely to a tube in the rectum to carry off the urine, and so prevent its filtering through into the anterior wound. Even if the latter undesirable event should happen, the peritoneum is so safe, and the drainage so good, that little harm can result beyond delay in healing. In order to secure easy evacuation, and thus minimize the danger of squeezing any of the contents of the cloaca into the lateral wounds, I also think that the sphincter should be gently stretched at the time of operation. Moreover, my first case, now of more than two and one-half years' standing, shows not the slightest sign of any infection of the kidneys, nor do my other surviving cases of five and four months' standing respectively.

In conclusion, I submit that, by the method above described, one of the greatest dangers of the operation of implanting the ureters into the rectum in the past, viz: peritonitis—is practically eliminated, and that the other, viz.: ascending infection, while it will perhaps never be eliminated, is thereby reduced to a minimum.

From the point of view of the comfort and happiness of the patients, the result in the successful cases leaves nothing to be desired. They are able to retain the urine almost as long, and apparently quite as comfortably, as in the normal bladder. From being pitiable, useless—often disgusting—objects, they are converted into useful citizens able to take their part in life with comfort and self-respect.

102 College Street, Toronto.