scends. For example, in my case, the apex protruded eight inches from the anus, and in Lange's case six inches. Thus, on withdrawing the protrusion from within the abdomen, it is quite possible to deal with the offending bowel at the point where repairs are most needed, namely, at and below the apex of the protrusion.

In the case (unpublished) of a man aged 38 on whom I have since operated, I used a double row of sutures in forming the fleshy column by doubling in the anterior rectal wall, and did not stitch to the abdominal wall at all. Though more recent, this case also is so far perfectly successful.

As regards the permanency of the cure, I would point to the first case (Fig. 3) which has not only remained without relapse for four years, but whose rectum was one year and a half ago converted into a cloaca, and has since been called upon to negotiate the evacuation of both urine and fæces.

Operative Treatment of Exstrophy of the Bladder.

The operations may be divided into: (1) Those which aim at restoring some sort of bladder by a plastic operation; and (2) those whose object it is to divert the urine into the rectum. A third operation recently brought before the profession by so well-known a surgeon as Mr. Reginald Harrison consists in entire ablation of one kidney, while the ureter of the remaining kidney is brought out into the loin. This radical and heroic procedure indicates strongly to what extreme measures able surgeons are ready to resort to alleviate the misery attendant upon the patient's deplorable state, but I cannot believe that it will ever attain the sanction of the bulk of the profession as a method of treatment.

Plastic Operations to construct a Bladder.—It is not within the scope of this paper to discuss in detail all the operations which have been done for this condition, but I may mention the objections to all flap operations. It is not claimed even for the best of them that any adequate receptacle for the urine has ever been obtained. No sphincter acting automatically or voluntarily can possibly be produced, and consequently the artificially-formed bladder is in no sense a reservoir. When the bladder is formed of skin, phosphates accumulate upon the hairs which grow from its surface when puberty is reached, and calculous formations of large size may occur. Moreover, such a bladder is liable to ulceration, and is often extremely painful.

Even in those cases in which the amount of mucous membrane is so large that its margins may be dissected up and brought together in the middle line in such a way as to create a vesicle entirely lined by mucous membrane (and these cases are extremely rare) there is no sphincter, and consequently no retentive power.

The very best that can be hoped from any surgically-constructed bladder is that it may furnish a means of directing the urine into some mechanical receptacle which can be worn attached to the person—such as that originally devised in the eighteenth century by Jurine, of Geneva—and at the same time cover and protect the delicate and sensitive mucous membrane.

Transplantation of the Ureters into the Rectum.—The transplantation of the ureters into the rectum would appear to