

C. S.⁷ Aged 11, the son of a physician in New York State, came to me in May of last year with exstrophy of the bladder, having been operated upon in New York City unsuccessfully on three occasions. He was admitted to the Hospital for Sick Children on May 11th, was given a general anaesthetic, and I did the Peters operation according to the original description. The rosettes surrounding the ureters were transplanted into the rectum, but not stitched in situ, and the catheters were removed, leaving a large drainage tube in the rectum to carry off the urine. The rectum was irrigated with boracic solution every 4 hours, and the wound in the bladder wall packed with gauze. On the 12th he complained of a great deal of pain in the back. There was no leaking from the wound. On the 14th the rectal tube was removed. On the 15th the rectum would retain the urine for from 2 to 3 hours. On the 16th a case of scarlet fever occurred in an adjoining ward and my patient was removed from the hospital.

From the time of the operation until the time of his removal from the hospital his temperature had ranged from 98.1-5 to 99.4-5. On the day following his removal his temperature rose to 102, and ranged for several days from 100 to 102, and some leakage of urine occurred. Pus also began to flow from the bladder surface, indicating trouble in one of the rosettes.

On the 22nd he returned to the hospital, and on the 23rd I made an examination, but found both rosettes in situ on the rectal wall, and discovered that the leak came from the right side. The leak continued, and as I could not make out a ureteral orifice on the surface of the bladder, I again examined the patient under an anaesthetic, having administered a grain of methylene blue half an hour before the examination. Unfortunately this was not excreted until after the anaesthesia was over. However, the rectum was filled full of sterilized milk, and there was no leak through to the bladder surface. An examination of the rectum showed the left rosette intact and urine coming from it, but the rosette of the right ureter had disappeared, although the end of the ureter could still be seen in the rectal wall, projecting perhaps 1.8 to 1.4 of an inch, the rosette having sloughed off and having allowed enough ureter to be drawn backward to permit of a certain amount of urine escaping in front. The bladder wound was packed tightly with gauze to try to prevent this leak. The following day, however, the pads were stained with methylene blue, showing that there was still a considerable leak.

On the 9th of June the patient was discharged, in good spirits but much emaciated. A letter received from his father a few days ago states that he is in excellent health, and can retain the urine in the rectum for several hours, the leak evidently having ceased from the anterior wall.