der, and when ligatures have been passed through the bladder walls for the purpose of steadying it, the fluid had better be drawn off by a catheter before the bladder is incised, for even a supposed antiseptic solution poured from a diseased bladder over a fresh wound is by no means to be regarded without apprehension. The object of the operation having been accomplished, whether the removal of a stone, the excision of a tumor, the simple exploration of the bladder, or whatever else was found necessary, the whole wound must be thoroughly flushed with a bichloride solution. The wound in the bladder is now to be brought together, and for this I prefer a continuous button-hole catgut suture, the needle being entered about one-third of an inch from the margin of the wound and passed down to, but not through, the mucous coat, and entering the opposite lip between the mucous and muscular coats, it emerges a third of an inch from the edge. The intervals between the stitches should not be more than one-tenth or one-eighth of an inch, and in no case should the mucous membrane be penetrated by a stitch, for, in case this should occur, a passage is made for septic infection from the bladder, and the success of the operation, in so far at least as immediate closure is concerned, will be seriously compromised. The bladder having been closed, the wound is again thoroughly disinfected with a one-in-two-thousand bichloride solution, and the tissues between the bladder and skin brought together with catgut; lastly, the skin wound itself is brought into accurate apposition in its entire extent, by stitches placed not more than one-third of an inch apart. A gauze dressing, with a layer of absorbent cotton and a bandage completes the toilet of the wound. A soft catheter is retained in the bladder, and special care should be exercised that no urine accumulates, more especially during the first three or four days; but should it be impossible from any cause, to keep an instrument constantly in the bladder, the passing of a soft catheter every three or four hours will be quite sufficient to prevent the pressure of the urine from opening the wound. If, in any case, there should be a contracted bladder or persistent desire to pass water, the catheter should either be retained or passed at short intervals, and the time between each catheterization lengthened; but for the first two weeks not more than six hours should be allowed to elapse between two evacuations of the bladder, and the patient should be warned not to make any effort at urinating when the catheter is not in use. Experience may, and I believe will, prove that the time when the catheter can be dispensed with is less than two weeks, but it is better to err on the side of safety.

Although this method of treating the wound after supra-pubic cystotomy is materially different from that usually practiced, I feel satisfied its adoption will quite perceptibly increase the percentage of recoveries and will at the same time immensely lessen the suffering and discomfort of patients who would otherwise have a slowly cicatrizing wound from which pus and urine would escape more or less continuously for many days. Simply bringing the edges of the bladder wound together is only a half measure, and like all half measures, is generally a failure. The thin walls which have only recently adhered, lying at the bottom of an open wound, and bathed constantly on one side with urine and on the other with pus are almost sure to come apart, but with the support given by closure and adhesion of the overlying tissues the bladder remains from the beginning closed up, and with ordinary care I am persuaded no untoward event need be dreaded.

BACTERIOLOGICAL NOTES.

BY E. B. SHUTTLEWORTH.

Removal of Aniline Stains from the hands.—The stains used in microscopic work are sure to leave their mark on the hands of the operator, and those who use pyoktanin, in ordinary practice, seldom escape the evidence of their manipulations. A little alcohol, or hydrochloric acid, will generally remove the greater part of these dyes, but, to do it completely, some bleaching agent is required. Sodium hypochlorite, in the form of Labarraque's solution, or that of the calcium salt, are quite effective, but leave behind the very disagreeable odor of these compounds. Unna has lately recommended a method which is convenient and unobjectionable. The hands are first washed in a solution containing a little—say five per cent.—of common salt, and then in hydrogen peroxide solution, of about the same strength, being finally wiped with a cloth moistened with alcohol.