

their cases being weakness of bruised and overstretched muscular fibre. But about six months ago the present case came under my care at the Montreal Dispensary, and proved an exception to the rule of my experience. Mrs. M., age 40, had a very severe instrumental labor about a year ago, ever since which time she has had to wear large pads to catch her urine. Her physician was unable to stop it in any way. If she remained in bed she could hold her water for an hour or two, and then it would trickle out if she moved or took a long breath, and when she went about her work it kept running all the time, keeping her clothes wet and always smelling of urine. I put her on the above tonic treatment, and, in order to observe her better, took her into the Samaritan Hospital for a couple of weeks. A careful examination failed to detect any fistula; in fact, in filling her bladder with warm salt solution, the latter flowed out beside the catheter; there seemed to be no life in the sphincter. There was a large rectocele and cystocele, and lacerated perineum. Although I have seen a great many patients with this condition, and quite commonly, causing desire to micturate frequently, and also a sensation as though some urine still remained in the bladder, as indeed it does, yet I do not remember to have had a case in which it caused incontinence. I therefore feared that the cure of these conditions alone might not suffice to cure her of her trouble, and I had some intention of, at the same time, shortening or taking a reef, so to speak, in the relaxed sphincter at the same time. This, I found it was quite easy to do, when I had removed the vaginal mucous membrane to the extent of two and a half inches in length and an inch and a half in breadth.

In order to tighten up the sphincter, I made the denudation further down towards the meatus than usual, and instead of drawing together the edges surrounding the denuded area with a purse string suture, as I usually do, I tightened up the sphincter by means of a running catgut suture, which was buried in the muscular tissue, and the mucous membrane of the vagina was then accurately brought together over this. Hegar's operation on the posterior vaginal wall was then done, with a buried and a super-