

mucous membranes carefully together with catgut, and keeps them thoroughly and constantly anointed until the parts are thoroughly healed. This last precaution is adopted with a view to prevent the deposit of phosphates upon the denuded surfaces. Mineral acids are given internally, with the same object. The fistula is kept open for several months after the bladder appears to have regained its normal condition, which may mean six or nine months in all: if there is any relapse, the fistula is reopened and maintained for a longer time.

A large number of cases of irritable bladder presented themselves at the Woman's Hospital. A good proportion of these suffered from disease of the utero-sacral ligaments, these ligaments contracting dragged upon the urethra, giving rise to a constant desire to pass water. The majority of these women had for years been subject to a severe course of treatment, including the application of all kinds of caustics to the urethra, their symptoms all the time becoming worse rather than better. Under appropriate treatment, such as the thorough use of the hot vaginal douché, and painting the posterior vaginal vault with Churchill's iodine, and thorough packing with tampons of cotton batting, not absorptive cotton—smeared with vaseline, they improve very promptly.

Several cases were seen where there was no trouble posterior to the uterus, and none in the urethra, and yet these women spent one quarter, if not more, of each night on the chamber, passing but a few drops of water at a time; and this attended with considerable discomfort in the immediate neighborhood of the bladder, as well as in various and changing points in the abdomen higher up. Sometimes these sensations are provoked by touching certain points upon the mucous membrane of the bladder with the sound. If the bladder is much contracted, gradual dilatation by means of a hot solution—Boro glyceride— injected with a Davidson's syringe until it is possible to introduce eighteen or twenty ounces at once, will give complete and permanent relief.

#### CARUNCLES OF THE MEATUS.

Caruncles of the meatus are thought by Dr. Emmet to be almost invariably an eversion of

the mucous membrane of the urethra, as the result of an injury inflicted during labor.

His mode of treating these cases is to pass into the bladder a full sized sound, from the vagina an incision is made, say three-quarters of an inch long, upon the portion of the sound situated in the urethra: this incision extends to, but not through, the mucous membrane of the urethra, this is caught up upon a tenaculum and drawn into the wound until the so-called caruncle disappears: now the stitches are introduced, the surplus urethral mucous membrane snipped off with the scissors, the wound brought together and the sound removed.

More annoying if possible than the caruncles themselves, is the incontinence resulting from external shortening of the urethra, following the continued application of the stronger caustics for the purpose of removing these supposed growths. The same condition may be brought about by the removal of the protruding tissue by the scissors, ecraseur or galvano cautery.

The explanation of the incontinence seems to be that the normal arrangement of the folds of mucous membrane of the bladder, which up to a certain degree of vesical distension controls the flow of urine from the bladder, is interfered with, they fail to close opening to the urethra exactly, and a more or less constant dribbling takes place.

Dr. Emmet remedies the difficulty in this way; he slightly dilates the meatus, and with a small blade divides transversely the mucous membrane of the floor of the urethra about a quarter of an inch from the meatus; this incision is carried up to the centre of the tube on either side, a sound is passed into the urethra and an incision rather more than half an inch long is made from the vagina down to and through the mucous membrane of the urethra. The second incision is made in the axis of the urethra, and therefore at right angles to the first. The anterior extremity of the second incision should just come into the centre of the first. Now, if traction is made at the meatus, the first or transverse incision becomes a longitudinal one, and while in this position the wound is closed, and the length of the urethra in this way increased by a full half inch. The traction is removed and the incontinence and irritability