

My own theory of the necrosis in this case is, that the vessels supplying the necrosed areas were so injured that exudation of corpuscles into the surrounding tissues occurred from the congested vessels, and by their pressure cut off the blood supply to these parts, so causing their death. The patches of dead membrane remained attached to the bladder wall by fibres of living tissue, into which one or two very fine blood vessels probably ran, so keeping the tissue from entirely disintegrating. The slight dilatation that the viscus must have undergone each time that it was washed out set up an acuter inflammation and so caused their separation and expulsion. Their presence in the bladder was quite sufficient to account for the symptoms of cystitis that had existed ever since the birth of the child, a steady improvement, ending in complete recovery, setting in as soon as the irritation set up by them was removed.

Some may ask if the necrosis was not set up by irritation of the catheter? I certainly do not think so, although this may have aided in causing the eventual separation of the tissues. Before the catheter was used at all the patient had all the signs and symptoms of a decidedly abnormal condition of the bladder walls, all being traceable to labour.

*Diagnosis.*—There is absolutely no means of diagnosing this condition from that of ordinary cystitis until the membrane can be seen to be separated, either by its spontaneous appearance at the meatus urinarius externus or by using the urethral speculum. If, however, the patient has all the symptoms of cystitis, following one of the above-mentioned causes, you may suspect necrosis to have occurred.

*Prognosis.*—This, of course, varies with the general condition of the patient and the extent and depth of the necrosed tissue. In one of the two cases that came under Dr. Haultain's care, the patient recovered, but had complete incontinence. In this case the whole lining of the bladder, including patches of peritoneum, came away. In his other case of complete necrosis, the patient died a few hours after her admission to the hospital. Even after the secondary sac has formed, death may occur from its rupture, as in the case reported by Krukenberg. On the