revealed to have been inherited as a simple dominant, uninfluenced by sex in either transmission or penetration. The literature is reviewed and the heredity discussed.

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Medical Memoranda

A Case of Artificial Abdominal Urethra

Early in 1959 I was fortunate enough to see a demonstration by Lapides at Michigan University Hospital, Ann Arbor, of a boy who, as a result of a fracture of the pelvis, developed a urethral stricture, and in whom the urethral canal could not be reopened. The child was passing his urine through an abdominal urethra, was perfectly continent, and had complete control over urination.

Back in Mauritius, I was confronted with a similar case.

CASE REPORT

An Indian schoolboy, aged 11 years, was admitted into hospital on July 16, 1958, suffering from a fracture of both rami of the right os pubis and passing blood per urethram, as the result of a street accident. The surgeon who attended him found a complete rupture of the urethra, with extravasation of blood into the cave of Retzius and paravesical spaces. Subsequently several attempts at external urethrotomy failed for various reasons, and when I saw the boy in April, 1959, he had a de Pezzer catheter draining the bladder through a suprapubic cystostomy wound.

Bougienage and urethroplasty having failed, an attempt was made on April 8, 1960, to fashion an artificial abdominal urethra, as described by Lapides.

Under a general anaesthetic, a median incision extending from the umbilicus to the symphysis pubis was made and the peritoneal cavity opened. The bladder was detached from the abdominal wall and the cystostomy wound closed with No. 2 chromic catgut. An area of the anterior bladder wall, measuring four centimetres square, was mapped out. Three sides of the square were cut out to form a flap of bladder wall with the base attached to the dome of the viscus. The flap was converted into a tube, the sides being stitched in two layers with No. 2 chromic catgut, the first layer to approximate the sides and the second layer to invaginate. The defect in the bladder was similarly closed by two layers of chromic No. 2 catgut. The open end of the tube was passed through the linea alba and skin, away

from the abdominal recti. The mucosa of the mouth of the bladder tube was stitched to the skin. The abdominal wound was closed in layers and the bladder was drained by a rubber catheter passed through the artificial urethra thus formed. The patient was placed on antibiotics.

After 14 days the catheter was removed. It was then found that the boy could hold his water for half an hour, and when he micturated there was a small stream and a lot of dribbling down his abdominal wall. Within a week he was able to hold his water for a period of two hours and could get a good jet, as shown by the accompanying photograph.

When he was discharged from the hospital on June 1 he was perfectly continent. When seen six months after the operation he was found to be completely continent, and got up only once a night to empty his bladder.

In Lapides's cases there was no residual urine, but in the present one there was a residual urine of about 5 ml. Cystography after micturition showed a small pool at the natural neck of the bladder. It is doubtful if this residue, situated right at the bottom of the bladder, can ever be got rid of.

My thanks are due to Dr. E. Losonczy, Director of Medical Services, Mauritius, for his permission to publish this report.

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The MINISTER OF LABOUR, Mr. John Hare, has used his powers under the Factories Act, 1959, to reappoint the Joint Standing Committee on Health, Safety and Welfare in the Drop Forging Industry. The function of the committee, which has been appointed for three years, is to advise the Minister on matters affecting the health, safety, and welfare of persons employed in the drop forging industry.