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## EDITORIAL COMMENT

The phenomenon of variation in maximum urethral closing pressure in normal women and those with incontinence and/or uncomfortable urinary symptoms continues to be an area of interest. This paper provides information which is helpful in terms of our overall knowledge, but in a specific case we will still be forced to guess whether urethral instability could be responsible for symptoms. While the author took pains to be sure none of the women studied had urodynamically identifiable bladder instability, there are many women with that condition who have on examination a negative cystometrogram, and thus an unstable bladder could be related to urethral pressure fluctuations, or vice versa, even if it was not identified by urodynamic testing. Since the normal mechanism all of us use to inhibit detrusor contractibility or to initiate it involves the external sphincter, the problem as pointed out by Dr. Hilton is to determine precisely what is normal and what is abnormal. At this point, we should be able to begin to work on symptom complexes in relation to urethral pressure variations.

Dr. E. McGuire  
Department of Urology  
University of Michigan  
Ann Arbor, MI