

performance of an ovariectomy, a strong fibrous band connecting the surface of the tumor with the base of the bladder was stripped off from the latter tearing away its peritoneal covering over a small area. Nothing was thought of this at the time, and the patient made an excellent recovery; but two weeks after operation a small inflammatory mass appeared at the lower angle of the abdominal wound. This was thought to be a stitch-hole abscess, but on pressing it an amber-colored fluid exuded. A large soft catheter retained in the urethra for ten days not only gave immediate relief to the symptoms, but effected a complete cure.

The history of these cases shows that the necessity for early surgical interference where extravasation of urine has occurred within the pelvis, no matter how slightly or how gradually occurring, is as great or greater than for extravasation into the perineal tissues. Had I recognized the condition sufficiently early in case No. 2 of this series, I have no doubt but that I would have saved my patient.