

to examine the abdomen. I tried my best to induce him to lie upon the bed, and when tired coaxing him I tried to force him to do so by lifting up his legs, which were dependent over the side of the bed. It was evident that I caused him such pain that I desisted, and Dr. McKenna commenced the administration of chloroform in the sitting position. I mention this at length, because I cannot recall a similar case where a patient could not be induced to lie down, even momentarily, on account of the increased pain. Under anesthesia the inguinal canal was found free, and nothing special made out in the abdomen. I felt reasonably certain that the case was one of intestinal obstruction, and had him at once removed to St. Michael's Hospital, prepared for operation, and, assisted by the house surgeon, opened the abdomen at 3 o'clock on Sunday morning, nineteen hours after he was found on the ice. Immediately on cutting through the peritoneum, much to my surprise, blood poured out in large quantities. I was quite unprepared for such a sudden change in my view of the case, and knew not where to look for the source of the hemorrhage. Nothing abnormal could be felt over the liver or spleen when I first explored. I then asked one of the assistants to pass a catheter, through which a small quantity of blood and urine ran out. With this knowledge, I put my hand down into the pelvis, and found in the posterior wall of the bladder a tear running vertically from the fundus to the peritoneal reflector, large enough to pass my four fingers through. The bladder itself was contracted behind the pubis, and with considerable difficulty partly raised. The abdomen was then emptied of at least a gallon of blood and urine, the rent stitched with catgut in two layers, one bringing the muscular coat together without penetrating the mucous membrane, and the second closing the peritoneal covering. The whole abdomen was thoroughly flushed with decinormal salt solution, a gauze-drain left in, the abdominal wound closed. A catheter was inserted into the bladder, and tied. The operation lasted about an hour.

The patient was returned to bed markedly shocked; pulse 140, temperature 95; urine passed at first blood-stained, but within twenty-four hours quite clear. The catheter was removed at the end of forty-eight hours, with instructions to have it passed every four hours. The patient showed some improvement for four days, although the pulse never came below 120. The bowels moved without purgatives, there was little vomiting and less distension. On the third day after the operation he insisted on the orderly giving him the urinal, and passed about six ounces of quite clear urine into it. His condition continued to improve until the fifth day, so much so that but for the undue pulse rate