

bladder may be separated from its areolar bed before piercing. This accident would invite trouble by way of abscess from extravasation of urine. It must be replaced by the soft catheter before the bladder is emptied. The objects of the soft catheter are four-fold :

1st. To save coats of the bladder from rough edge of canula.

2nd. To allow more fully of washing out of the same.

3rd. By attaching a rubber tube, to conduct the urine to a suitable receiver.

4th. By keeping it introduced well into the cavity, it prevents the urine from escaping around the canula, and holds the latter better in position. If faintness supervene, discontinue the flow of urine and administer a stimulant. Ether hypodermically answers admirably.

CASE I.—J. S.—One of malignant disease, involving prostate and neck of bladder, necessitating for some time the use of the catheter, finally ending in complete occlusion of the urethra, and baffling relief from the latter. Retention, extravasation and certain death on the one hand, or tapping the bladder, on the other, stared the patient and friends in the face. After consulting with patient and friends, an operation (the only hope of prolonging life) was decided on, and finding no possibility of entering per rectum from the extension of the disease in that direction, the anterior method was chosen. The operation was performed as here-in detailed, and his lease of life was extended fully two weeks. At his death, urine passed freely through the new urethral outlet, and although it is customary, after consolidation of the tissues about the canula (say four or five days), to remove both canula and catheter, in this case, from extreme debility of the patient and atony of the bladder, the catheter was left in.

CASE II.—W. C.—Was one operated on for false passage made by patient himself in attempting to procure relief and save a fee. The catheter when in this passage, could be felt some two inches up between bladder and rectum, and could not be directed in any more favorable locality for getting urine, and relieving patient. Different sizes were tried, but profuse hæmorrhage opposed a prolonged persistence in these manipulations. The only choice here lay between repeated aspirations, perineal section, and tapping. This was given in

favor of tapping and the anterior operation. My reasons for such a course were—1st. I feared the urine would trickle around the canula, and enter the torn region between bladder and rectum, and there set up abscess and possibly worse symptoms. 2nd. Aspiration must have been performed if I had chosen "perineal section," as it occurred just after dark. 3rd. Having thus to enter the bladder with a needle, and not being over-sanguine of getting the urethral opening from the perineum, it was considered better to use a large trocar and canula at once. To illustrate the impunity with which the bladder may be tapped, even with a large instrument, I might cite the case of Dr. Dox, in which the bladder was punctured anteriorly some eight times in succession in as many days, to relieve a case of retention, after which the patient re-acquired the power of making water per *vias naturales*. The above case you will find recorded in the New York *Medical Record* for June, 1872, by Dr. Clark, of Geneva. The operation was performed and a perfect fistula established without any bad symptoms intervening. On the fifteenth day after the operation, a catheter was with difficulty passed into the bladder and tied in. It was taken out and re-introduced twice in four days. The artificial opening completely closed up, and nothing remains to-day but a cicatrix in the hypogastric region. The patient is quite well, and has been making water by the good old way ever since.

CASE III.—This case was one of enlarged prostate gland, coupled with vesical catarrh. The occlusion of the prostatic urethra was complete, as can be testified to by my able *confrère* Dr. Bray, who very kindly assisted me in trying to overcome our patient's wants by catheterization, etc. Failing in our efforts to relieve, we operated April 3rd, 1879, and he lived over four and a-half years, until the fall of 1883, making water during this time more naturally by the new channel than he had for years by the old, as he could retain his water better, and for three or four hours at a time, and even went about and attended to his ordinary duties. The only difficulties experienced by him were excoriation of the integument around the new orifice from contact of urine and branch fistulous tracts running from main channels. The former was always readily relieved by a closer attention to cleanliness, combined with the use of oakum and carbolized sponges over the excoriated