

carried high up into the abdomen by the growth of the tumor. In this way, therefore, the bladder was wounded, an incision about an inch long having been made into its upper and posterior surface with the scissors. This was immediately sutured with catgut after Lembert's method and the tumor removed. The operation was concluded, the wound closed and a dressing applied, and the patient made uninterrupted progress until the twelfth day. For the first four days a soft rubber catheter was tied into the urethra; from this time it was removed and passed every two hours. On the twelfth day the nurse (a new one) complained that she "could not get the catheter in far enough," and that the urine withdrawn had been bloody. The patient also complained that the passage of the catheter pained her. It was then ordered to be passed every four hours, and the bladder was washed out daily with a weak solution of salicylic acid dissolved with borax. Next day a small hard mass about as large as a marble was observed at the lower end of the abdominal incision, which was painful on manipulation. This mass remained without much change, and irritability of the bladder with foetid bloody urine persisted. On the eighteenth day after operation the mass was found to have suddenly disappeared, but the patient complained of pain and tenderness over the left inguinal region and in the left loin. These symptoms, together with a marked diminution in the amount of urine withdrawn by the catheter made it clear that a general extravasation of urine had occurred into the left side of the pelvis. The patient was therefore anaesthetized and the abdomen opened through the lower inch of the original incision (over the site of the little hard mass which had first appeared). Urine flowed from this incision, and on exploring with the finger an opening could be felt in the fundus of the bladder which would almost admit the point of the little finger, while a larger sinus led down into the left side of the pelvis. Through this last a pair of long forceps was introduced and protruded into the left side of Douglass' fossa, when an incision was made into the vagina. A large drainage-tube was then drawn from the vagina through this opening and up through the abdominal wound and a large soft catheter tied into the urethra.