

necessary on account of a collection of sloughy tissue in that region. The sloughs were soon all removed, and about this time (fourteen days after incision) a dark jelly-like, fermenting substance came away from the wound in considerable quantity for a few days. It was odorless, and a careful microscopical and chemical examination failed to determine its exact nature. The bowels acted normally throughout. During the separation of the sloughs the patient suffered from severe sciatic pain and hyperæsthesia of both legs. These symptoms began on the left side, and were more severe and lasted longer on that side. By the 20th of October all these symptoms had disappeared, the wounds were looking healthy, the bladder wound was nearly closed, the use of iodoform, which had been of late greatly lessened, was now entirely discontinued, and the prospects of recovery were most encouraging. It is worthy of note here that until the sloughs began to separate there was no elevation of temperature whatever, and at no time was the temperature high or continuous, but from the onset of the bladder symptoms the pulse remained rapid—from 100–120. About the 1st of November an acute mania developed, and from this time, although the local conditions continued to improve, the patient had to be forcibly restrained. She refused food, and was in a state of maniacal excitement day and night, without sleep and with frequent involuntary evacuations, gradually and perceptibly sinking until the 9th of November, when she died; at the end of the eighth week after operation. Slight delirium at night and a peevish, nervous condition of the patient, especially while being dressed, had been observed for a few days before the violent maniacal symptoms set in. These latter lasted about eight days, and were accompanied by very rapid emaciation. Unfortunately an autopsy could not be obtained.

This case presents many points of interest, and illustrates a chapter of accidents such as it fortunately seldom falls to the lot of the surgeon to report in any individual case.

(1) It emphasizes the necessity for instrumental exploration of the bladder by the surgeon before operating. It had heretofore been my practice to allow the nurse to catheterize the