

To date, fifteen months after, there has been no bleeding and no signs of recurrence.

There are many dangers attending a supra-pubic cystotomy. Cystitis, if not already present (and it is present in the majority of cases as a result of the very condition for which the operation is performed), almost inevitably occurs; mucus collects in large quantities, gravel often deposits and sticks to the edges of the wound, the fatty tissue breaks down, the fascia dies and tears away in pieces, and in old people especially with sclerosed arteries and some kidney complication uræmia carries them off. For these the character of the tube is often to blame. It should be large enough to allow free irrigation and soft enough to cause no pressure on the sides of the wound. Urotropin is dangerous in 10 or 15 grain doses. It seems to cause sloughing of the wound and painful irritation of the skin. If given at all, 5 grain doses are sufficient.

There are three pertinent questions regarding this case:

1. The value of injections, astringents and the like, to allay hemorrhage or cause shrinkage.
2. The value of the actual cautery to the base of the tumor or excision and ligature.
3. The drainage of the bladder afterwards.

Regarding tumors of the bladder when, from their size or position, a supra-pubic opening is insufficient to properly deal with them, the peritoneal cavity should be opened and the bladder slit backwards a sufficient depth to properly deal with the case, always remembering the danger of septic peritonitis from contamination of the peritoneum at the time, or from subsequent leakage of the wound, to say nothing of the added shock to the patient from a more prolonged operation. The other case I wish to bring before you is one where the bladder was ruptured by a blow on the abdomen.

Rupture of the bladder is either intra- or extra-peritoneal. The former contains from 80% to 90% of the cases, and when it occurs, the tear is said to be very extensive. From whatever the cause, the bladder is usually full when a sudden blow is most likely to cause rupture. In a large proportion of cases, it results fatally, especially in the intra-peritoneal variety, and, in the absence of proper surgical interference, the extra-peritoneal likewise. Prior to 1893, thirty-two cases gave a mortality of 64%, while, since this date, twenty-two cases give only 28% or nearly 50% on the total.

Mr. A. W. was a man 32 years old, who worked in a box factory, was of exemplary habits, and always perfectly healthy.