

without disturbing the dressing. On the morning of the third day after the operation I thought it advisable to remove the tubes, but after explaining to the patient what I proposed to do, he begged to have the tubes left for some time longer, as he was so comfortable; they were accordingly left in for five days, when they were removed, the wound plugged with iodoform gauze and a soft rubber catheter introduced into the bladder, per urethram, and tied *in situ* by winding a gauze bandage around the penis and stitching the catheter securely to the bandage. The urethra had become so tolerant of instruments from long-continued use, that I had no hesitation in leaving the catheter fastened in, in the above manner. The catheter was removed once a day and thoroughly cleansed, after which it was reintroduced. The presence of the catheter caused no inconvenience and the urine did not pass out through the abdominal wound unless the patient coughed or sneezed. The wound was dressed daily with strips of iodoform gauze passed well down to the bottom. In ten days after the removal of the tubes the wound in the bladder had closed so that there was no escape of urine. A few days after the wound in the bladder had closed the catheter was removed and instructions given that it be passed every four hours, gradually extending the interval until it was necessary to pass it three or four times only in twenty-four hours.

The subsequent progress of the case was uneventful, except that on one occasion just three weeks after operation, the patient requested to be allowed to pass the catheter himself. As he had been accustomed to catheterizing himself I gave permission to use soft rubber catheter. Twenty-four hours afterwards I was informed by telephone that he complained of the urine becoming scanty and asked that something be given him to increase it. Fearing that everything was not all right, I went at once to see him. He informed me that on passing the catheter he was only able to get about a table-spoonful of urine. I at once placed my hand on the abdomen and to my amazement found the bladder very much distended. The depth of the abdominal wound was not yet more than one-third filled up. The catheter was immediately passed, and twenty-two ounces of perfectly normal urine withdrawn to the astonishment of the patient. The condition of the walls of the bladder and the healing of the vesical wound must have been good, otherwise rupture would probably have occurred at least in line of vesical wound.

It is needless to say that precautions were taken to prevent a like recurrence.

The wound was entirely closed in four weeks from time of operation and the patient had gained markedly in health and strength.