caused by the knowledge that bleeding in essential thrombocytopenia may occur repeatedly from one site, such as the gastro-intestinal tract, and may relapse after splenectomy; while haemorrhage from coexisting peptic ulceration has rarely been reported. A similar case was referred to by Giffin (1936). A patient of his, aged 52, who had been treated for essential thrombocytopenia by splenectomy, died nine months later from haemorrhage from a duodenal ulcer. Giffin does not state, however, whether the diagnosis was made in life, and does not refer to the case as a diagnostic problem.

In the present case the three haematemeses which occurred before the splenectomy were almost certainly due to essential thrombocytopenia. After operation there was no further bleeding for twelve years. When haemorrhage restarted the site was the same, and so relapse of the essential thrombocytopenia was diagnosed, and this opinion was strengthened by the two negative barium meals. However, the history of dyspepsia, which had not been associated with the earlier haemorrhages but preceded all the later ones, should have suggested the correct diagnosis.

On consideration it is clear that gastro-intestinal haemorrhage, when occurring in association with essential thrombocytopenia, and especially if relapsing after splenectomy, requires most careful investigation to exclude coincidental chronic peptic ulceration. Further, if bleeding occurs from a peptic ulcer and there is coexisting thrombocytopenia, any haemorrhage is likely to be severe because of the sparsity of the platelets; and this makes complete cure of the ulcer so important that surgery may well be the treatment of choice.

My thanks are due to Dr. M. M. Deane for the gastroscopy, to Mr. W. J. Ferguson for operating, and to Dr. J. A. Torrens for permission to publish the case.

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REFERENCE

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Unusual Length of Plastic Tubing in the Urinary Bladder

The discovery of foreign bodies of various sizes and shapes in the urinary bladder is by no means a rarity, but the following case seems worthy of record.

Case Report

A boy aged 15 was admitted to hospital with a two-year history of *Bact. coli* infection of his urinary tract; despite treatment with alkalis and sulphadimidine the urine had never remained completely sterile. Physical examination was negative. There was no tenderness over the hypogastrium or over either renal area, but microscopical examination of a mid-stream specimen of urine revealed a heavy deposit of pus cells, and *Bact. coli* on culture. The non-protein nitrogen was 33 mg. per 100 ml. The report on a straight x-ray film of the renal tract stated: "There is a curled-up tube about the size of a ureteric catheter lying in the bladder; an intravenous pyelogram shows both kidneys to be secreting well, with a normal pelvis and calices on each side." In view of this radiographic finding the diagnosis became clear, for here was ample cause for the recurrent attacks of cystitis. It was also clear that the coiled tube, which appeared to resemble closely a ureteric catheter, must have been introduced per urethram by the patient himself, for there had been no surgical intervention at any time.

Operative Procedure.—The bladder was opened suprapubically, and a coil of plastic tubing was removed with ease; on exploring the interior of the bladder for further foreign bodies or superadded calculi, a second and much smaller piece of plastic tubing was removed. It was noted that the bladder showed only a very mild degree of cystitis, and both pieces of tubing were as clean as if they had never been in the bladder at all, there being not the slightest signs of any phosphatic incrustations. The bladder was closed without drainage, an indwelling urethral catheter being left *in situ* for four days. The wound healed well, without suprapubic leakage of urine, and the patient was discharged home on the tenth post-operative day. The longer piece of tubing was 33 in. (83.8 cm.) in length, the shorter 5 in. (12.7 cm.). They were lengths of plastic material used to cover the wire which is employed in wireless sets and the like.

At first the patient denied all knowledge of the foreign bodies, but later stated that two years previously he had inserted an end of the tubing down his urethra (having withdrawn the inner wire). He seems to have been well pleased with his "experiment," for he inserted more and still more, until the external meatus "swallowed" the outer end before he could stop it slipping beyond his reach into the urethra. As he put it, "the tubing slipped right inside quite suddenly." He then tried to fish it out through the external meatus with the second and smaller piece, which he bent slightly to form a kind of hook. This manoeuvre, however, proved to be unsatisfactory, and ended by this piece, too, slipping into the urethra and so to the bladder. After this unfortunate occurrence he remained well for approximately two weeks; then he developed symptoms of general malaise with some fever and, later, symptoms of mild cystitis. He naturally enough shrank from telling his parents, and must have spent many anxious months before finally being admitted to hospital.

Comment

It is of especial interest to note the complete absence of any phosphatic deposits on the tubing, which appeared in colour and general condition to be absolutely as new. This was in marked contrast to a large hairpin which had recently been removed from a female patient's bladder within three weeks of its insertion. In that case the hairpin was heavily incrustated with phosphates, and the bladder exhibited marked signs of cystitis: symptoms of bladder infection had started within the first week, and rapidly became quite severe.

The above case is but another example of the necessity for an x-ray examination of the whole of the renal tract in any case of urinary infection. It is as well to bear in mind that foreign bodies said to have been "swallowed" may in actual fact have been passed into the bladder, as was the case of the hairpin quoted above. An x-ray film revealed a large hairpin (confirming the patient's story that she had swallowed it) apparently lying in the region of the pelvis, and it was not until symptoms of cystitis developed and the position of the pin remained stationary on x-ray examinations that cystoscopy was carried out and the correct diagnosis made.

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The United States Army has ordered 1,509 dual-purpose buses, each of which can carry 37 passengers but can be converted in less than three-quarters of an hour into an ambulance accommodating 21 stretchers. Removable folding seats are fitted inside, and there are two large rear doors; otherwise the vehicle is like any long-distance motor-coach.