adherent,* to be associated with ascites; that they are, further, more difficult of diagnosis from tumours of other parts,† and are commonly of a slower growth, consequently less quickly fatal if left to themselves, there can, I think, be no question as to the propriety of refraining from any attempt to remove them.

Excluding the instances in which the tumour was solid, and the age of the patient above 45, the successful cases bore a proportion of somewhat more than two to one; an average which, I have no doubt, may, with cautious management, be expected in future, and which is, I think, sufficient to justify, and even to recommend the proceeding.

With regard to the kind of operation, experience fully proves, what reason would suggest, that the danger is proportionate to the length of the incision. The major operation, as it is called, involving the exposure and handling of the bowels, with greater chances of hæmorrhage, has been much more fatal than the minor, when the comparison is made between nearly similar cases. Indeed, if the small incision, that is, an incision of three or four inches, will suffice, and if, by evacuating the contents with the aid of a trocar, the cyst or cysts can be withdrawn, and the pedicle tied, there can be no reason for extending the wound.

The question of the liability of both ovaries to be the seat of disease is a very important one in estimating the value of an operation for the removal of one; and it is much to be regretted that this had not been more frequently borne in mind by those who have given the descriptions of the *post mortem* examinations. From the collation of a great many cases, I found that, though both ovaries were liable to be affected with solid growths, and with those numerous small cysts which so often form about the periphery of the gland, yet that the large cysts, the multilocular cysts, and the cysts with after-growths, were, in by far the greater number of instances, confined to one organ. If, therefore, a cure be effected, there would seem to be every probability of its being permanent. I do not remember to have read of any case in which the disease manifested itself in the other ovary after one had been removed; though it is quite possible that such cases have occurred. In several instances, the catamenia are reported to have returned regularly; the patients continuing to enjoy good health, and some have borne children. In my own patient, it has been stated, there were several small cysts in the remaining ovary; but it is by no means clear that these were of the same nature as that of the large sac removed, or that they would ever have attained to great size.

ST. GEORGE'S HOSPITAL.

TWO CASES OF PARACENTESIS OF THE BLADDER FROM THE RECTUM: WITH REMARKS.

By T. HOLMES, Esq., Surgical-Registrar to the Hospital.

I FORWARD short notes of two cases of puncture of the bladder from the rectum, which have been recently under the care of Mr. Tatum and of Messrs. H. C. Johnson and Pollock at this hospital. It will be within the recollection of many readers of this JOURNAL that a paper on the subject of this operation was presented to the Medico-Chirurgical Society some time ago by Mr. Cock, in which it was spoken of as a means frequently resorted to in the treatment of stricture. The paper gave rise to considerable discussion, in which several gentlemen connected with this hospital ventured to question the necessity of the operation, and proved their case by the striking fact that it had been performed here for the last time by Sir Everard Home. To

this it was replied, and with some force, by the supporters of the operative treatment, that in many cases, even if not necessary, the operation would be advisable, as a more rapid and effectual method of treating an impassable stricture than that of overcoming the retention by hot baths and laudanum, and the stricture by gradual instrumental dilatation. They asserted that the operation was in itself free from difficulty or danger, and that by leaving the stricture in peace for a time, relieved from the irritation of the urine behind, and the attempts at catheterisation in front, it promoted the return of the parts to their usual condition—that in which they were before the accidental irritation which produced the retention—when there would seldom be found any difficulty in passing a moderate-sized instrument.

Since that discussion, two cases have occurred here, in which the operation has been employed—those of which I forward an abstract. In the former, it will be observed that the operation was performed rather with a view of avoiding the discredit of allowing the patient to die unrelieved, than with any idea that it could preserve his life, as he was evidently sinking from old age and long standing renal disease.

The latter was one of more interest. The history is extremely obscure, but seems to point to the fact that, at any rate, no extensive organic stricture can exist, as no symptom beyond the habitual dysuria had been noticed up to the moment of total retention; and the stream of water has now attained a tolerable size, without any instrumental treatment, in about three weeks. Still, whatever the cause of the impediment may have been (and that it was not merely spasm is shown both by the progress of the case and by the fact that catheterisation was not facilitated by narcotism), the fact was certain, that the impediment existed and could not be overcome; and that instrumental interference only produced mischief. There seems no reason to doubt that if the patient had been left to the action of laudanum and the warm bath, frequently repeated, the retention of urine would have been relieved before the bladder burst; but, meanwhile he was suffering agonising pain, his condition was not free from serious danger, and the rapidity with which the symptoms had come on, and the obstinacy with which they resisted the above named remedies seemed to threaten a long continuance of that pain and danger. From this the puncture immediately relieved him, and the subsequent progress of the case has been most favourable. Should any further points of interest arise, I will communicate them to you.

CASE I. G. F., aged 65 years, admitted May 7th, 1855. This man, who was extremely aged, was admitted on account of retention of urine, which had existed since the previous afternoon. It seemed that he had been labouring under difficulty of making water for about three years; but there was reason to believe that the stream had not been of natural size for a much longer period. He had never been treated for the disease till the day of his admission, when prolonged attempts at catheterisation were made at his own residence, which were unsuccessful, and produced copious bleeding. On the catheter being introduced, the instrument was checked about five inches from the meatus by a hard grisly obstacle, which was perfectly impassable with instruments of any size whatever. Profuse bleeding always occurred whenever the instrument arrived at this point. Large and repeated doses of laudanum were given, and warm baths; but these measures produced no effect. A small quantity of water dribbled away, but the bladder seemed as full as ever, and could be felt distended up to the umbilicus. He took about half an ounce of laudanum during the afternoon, and dozed so much during the night that it was not thought prudent to give him any more. Next day, fresh attempts were made to pass the catheter; but, as this was found impossible, the bladder was punctured from the rectum. A large quantity of very alkaline, albuminous, offensive urine, was drawn off. He appeared much relieved by the puncture, and passed a quiet night. Next morning, the right side of the scrotum was found to be emphyse-

* Of the sixteen instances in which the operation was discontinued on account of extensive adhesions, the tumour is stated to have been solid in six; composed of multilocular or compound cysts in two; of simple cysts in three.

† In each of the seven cases in which the tumour was found not to be ovarian upon opening the abdomen, it is stated to have been solid. Of these five died, one recovered, and in one the tumour, a fibrous growth from the uterus, was successfully removed.

matous; the water was escaping freely by the canula, and no other part was at that time infiltrated with air. His appetite was very bad, and he was sinking. On the fourth day, the emphysema up both sides of the body, as high as the axilla, gave exactly the sensations usually observed in extensive injury to the lungs. No emphysema was felt on the lower extremities. His water still continued to come freely by the canula, but it was still impossible to pass the catheter. He died in the morning.

A *post mortem* examination was made, but I regret that I have not the notes of it by me. I remember that the stricture of the spongy portion of the urethra was quite impassable; that the kidneys were extensively diseased; and that, though so much air had escaped out of the rectum, no water had been infiltrated into the cellular tissue about the bladder. I do not remember observing that emphysema from escape of air out of the rectum has been previously noticed as a complication in these cases.

CASE II. G. H., male, aged 26, admitted January 17th. 1856. He was a young man of florid complexion, and apparently of robust health, who said that he had been subject to difficulty in making water, and occasional strangury, as long as he could recollect, and had been affected two or three times with total retention. In one of these attacks, a silver catheter was passed; otherwise nothing had been done for the disease. He knew of no reason for the difficulty of micturition.

On the present occasion, he had made water as freely as usual (though, as usual, only in a small stream) at six o'clock in the morning; but had since that time been totally unable to pass any water. He either did not know or would not tell anything more about the history of the complaint.

On admission (in the morning), he was complaining of great pain. The bladder was greatly distended, reaching as high as the umbilicus. Instruments of various kinds were tried, but were arrested in the membranous portion of the urethra. In one of these attempts, it appeared that a false passage had been made. Repeated warm baths and full doses of laudanum were also administered (he took about 3iij of tinct. opii during the night), but without any benefit. He suffered from excessive pain during the night, and the distension of the bladder continued to increase. In the morning of the 18th, it was determined to put him under the influence of chloroform, and endeavour again to pass a catheter; should this fail, then to introduce a trocar from the rectum. This latter was accordingly done, as no instrument could be made to pass along the urethra; the point always turning up the false passage. Fifty-two ounces of water were drawn off, to his great and immediate relief. The canula was kept in for six days, as it caused no inconvenience; and, on the last of these days, an instrument was tried, but did not pass. The water, however, had begun to come *per urethram*, and the trocar was accordingly withdrawn. No further attempts have been made to pass the catheter; no water has passed by the rectum since the removal of the canula; the stream has gone on gradually improving, and is now of about the size of a No. 4 catheter. His health is perfect.

Original Communications.

CASE OF TWINS, WITH REMARKABLE COMPLICATION.

By J. BIRCHENALL, Macclesfield.

THE following somewhat unique occurrence in obstetric practice will, I presume, be not devoid of interest.

CASE. At eight o'clock on the morning of the 3rd inst., I was called to Mrs. P., aged 35, a plump healthy looking woman, of bilious-sanguine temperament, rather short of stature, in labour of her sixth pregnancy. She stated that

she was not at the full period of utero-gestation by three or four weeks, but that she had taken a brisk dose of black draught on the previous day, and that, towards bedtime, the membranes had given way, and the fluid contents had been slowly evacuating through the night, with distinct uterine pains; that these had suddenly increased in frequency and force at the time I was summoned; and that, fearing (from the expeditious termination of her former labours) I should not be in time for the delivery, she had been endeavouring to suppress them until my arrival.

On examination, I found a breech presentation at the inferior aperture; but, as the pains had suffered some remission, owing to the coldness of the atmosphere and the state of mind of my patient, no progress was made for half an hour or more, when a smart pain effected the expulsion of the lower extremities. The delivery of the body by the natural efforts slowly and gradually succeeded as far as the shoulders, when I discovered that there must be some mechanical impediment to its further progress. With some difficulty, I passed my finger round the right arm, which was lying towards the left sacro-iliac symphysis, and brought it forward; but experienced a much greater difficulty in reaching the left arm, and especially so in its liberation. As the occiput could not be felt by the finger, and the life of the child, up to this stage of the proceedings, was well maintained, I waited a short time for the descent of the head; but, as the natural efforts caused no change in its position, I proceeded at once to explore its outline, when, to my surprise, I found, parallel with the neck, a round resisting body, occupying the cavity of the sacrum, which proved to be the head of a twin foetus. On passing my hand around it, I ascertained that the occiput of the first child was resting upon the pubes, its lower jaw being driven forwards; and as there was ample pelvic capacity, and what I deemed a sufficient interspace, I attempted to return the head of the second through the superior aperture: in this, however, I was opposed by the compressed state of the uterus. I therefore withdrew my hand, to deliberate as to the course to be pursued in this emergency.

I was explaining to my patient, and to the nurse in attendance, that the case was one of twin complication, which indicated the expediency of a second opinion, when the recurrence of pain induced me to pause in my instructions for this purpose, and to pass my finger up to the head of the second child. As I now perceived that a slightly rotatory motion was given to it by the uterine contractions, I immediately ruptured the investing membrane, which was of considerable tenacity, giving issue thereby to a small quantity of liquor amnii; and encouraged my patient to hope that there would be a solution of the difficulty by a natural process. In this, happily, I was not disappointed. In the course of some ten minutes more, the pains, aided by strong bearing down efforts, led to the expulsion of the head; the delivery of the first child—a still-born female—was then readily and promptly accomplished; and by two or three pains more, the twin—a male—was expelled. Both were of the full average of an eight months' development. There were no obvious manifestations of vitality in this latter case; but as the pulsation of the heart had not yet ceased, I had recourse to the usual means for its resuscitation, until, as there was no spontaneous respiratory effort, and the motions of the heart could no longer be distinguished, I was obliged to relinquish my endeavours, and to wait for the extrusion of the placenta, which occurred in a few minutes more, in the ordinary conduplicate formation; the term of my engagement not exceeding two hours from its commencement.

I may just observe, in conclusion, that there was but little difference in the relative dimensions of the twins; the length of the body in each averaging eighteen inches; the occipito-frontal circumference, twelve and a half inches; and the vertical, measured from the one meatus auditorius to the other, seven and a half; and that the facial aspect, in both instances, was in the direction of the sacrum.