CASE OF LONG RETAINED PESSARY.

By JOHN BURROWS, Esq., M.R.C.S., LIVERPOOL.

October 11th, 1847.—I was called to visit Mrs. N., aged 63. I found her in bed, considerably reduced, tongue coated with moist white mucus; pulse small, quick, soft and feeble; all the symptoms indicated constitutional debility. She informed me that she had worn a pessary for more than twenty years, and during the greater part of that period, she had cleaned it by turning it towards the vaginal aperture and washing the part opposite to the genital fissure; then moving it away, and bringing another part within reach and washing it, she proceeded until she had washed the entire circle. At length the surface became rough, by the partial decay of some of its substance, and gave her so much pain, that she discontinued turning it, and consequently only cleaned the anterior part of it. For more than a year it had occasioned pain in the vagina and fundament, and from both a purulent discharge. On making an examination per vaginam, I felt a wooden ring or circular pessary, which I advised her to have removed, to which she most gladly consented. I immediately attempted to remove it, by passing my finger and hooking it over the ring; on making some traction, she complained of pain, and desired me to allow it to remain. I again drew it down towards the os externum, when a few drops of dark-coloured blood followed, occasioned by the rough surface of the instrument having excoriated the organised parts through which it passed, but I could not draw it much nearer. On exploring the vagina with my finger, and endeavouring to pass it all round the pessary, I discovered that the cause of its retention was a membranous band, one inch and a half in breadth, which arose from the upper and posterior part and passed over the pessary to the anterior and inferior parietes of the vagina, thus forming a membranous link, which held the pessary *in situ*. I then determined upon attempting to divide the ring of the pessary with the bone-nippers, and afterwards to cut a small piece out of it, and then turning it round in the band till I brought the divided extremities to the edge of the band, I hoped to slide it along, passing one end behind and the other before the band. I saw her again on the 13th, in company with Mr. Marsh, who kindly assisted me. I passed a piece of tape over the pessary and drew it as near the vulva as the band would allow, then gave the tape to Mr. Marsh, who held it in the same position, whilst he separated the labia and I cut out a piece as I had before determined, but I could not draw it out of the band. The tape was again introduced, and the pessary retained as before, and another piece snipped off. After considerable manipulation I withdrew it in the manner I had previously thought of. The uterus is now behind the membranous band, which forms a natural pessary, and entirely prevents the prolapsus uteri. In three weeks after her health was established, and she is now grateful for the assistance afforded.

I have not read of a case of retained pessary in which the instrument, by a vital process, became united to the parietes of the vagina, and thereby effected a natural cure of the prolapsed uterus, which it was only intended to relieve. The theory of the *modus curandi* is very simple. The rough surface of the decayed pessary, by the frequent attempts of the patient to turn it round in the vaginal cavity, for the laudable purpose of cleaning it, abraded and irritated the mucous membrane of the vagina; inflammation was established, lymph then exuded, and was finally organised so as to form a vital bond of union between the interior of the vagina and the supporting pessary.

OPERATION OF PARACENTESIS THORACIS FOR EMPYEMA.

By HENRY EWEN, Esq., M.R.C.S., Long Sutton.

To the Editor of the *Provincial Medical and Surgical Journal*.

SIR,—The following case of empyema having recently occurred under my observation, I forward you the notes for insertion in the *Journal*.

Yours truly,

HENRY EWEN.

Long Sutton, October, 1849.

August 14th, 1849.—I was requested to visit with Mr. Parsons of this town, John Bush, aged 8 years. I heard that he had been ill two months, and that his illness commenced with an attack of pleurisy of the left side, for which leeches were applied, and other treatment adopted. When I saw him he was greatly emaciated, and had incessant cough, the expectoration being purulent and highly offensive; respiration hurried; pulse 140; he could not lie on his right side; the left side was dull on percussion throughout; respiratory murmur absent; the heart was displaced, and could be seen and felt pulsating under the right nipple; the left side measured three quarters of an inch more in circumference than the right; appetite good; bowels regular; no night sweats. Little doubt could be entertained that there was a large quantity of fluid in the left pleural sac, which had compressed the lung against the spine, and displaced the heart. Before having recourse to the operation of paracentesis, however, we thought it right to make an exploratory puncture with a very fine trocar and canula; this was done between the sixth and seventh ribs, and a drop or two of pus escaped through the canula. A hydrocele trocar and canula was then introduced at the same spot, and about a pound of very thick and highly offensive matter was evacuated. The canula was allowed to remain in the wound, and was closed with a stopper of wood.

16th.—Considerably relieved, having rested well during the night. On removing the stopper no matter escaped, although he was placed horizontally, and inclined on his left side.