I have endeavoured, to the best of my ability, to lay before the members of my profession, in the account of this case, a true and faithful statement of facts; neither magnifying difficulties, colouring symptoms, nor concealing that which should be made known.

From the time the operation was performed, to the date of the last report, several professional friends have seen this patient; and whenever I had an opportunity, I took the report of his condition at the time from those present, rather than from my own view of his state.

None but those who saw Thomas Young before the operation was performed, can judge of the great amount of benefit he has received. Before the operation he was incapable of even saying yes or no, and so bad was he in this respect, that my colleague, Dr. Lilburne, desired him to express one or the other by pointing his finger upwards or downwards. He can now make himself perfectly understood when he speaks slowly and deliberately; before he could not do so. It is to be hoped that this condition will continue.

This operation was performed on April 1, 1841, at the Metropolitan Free Hospital, Carey-street, and by a gift of foresight which falls to the lot of few, was announced, several days previous to its performance, by the editor of the *Medico-Chirurgical Review*.

CASES

OF AN

ACCIDENTAL PASSAGE OF A FEMALE CATHETER INTO THE BLADDER.

BY JONATHAN TOOGOOD, ESQ.

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CASE I.—During the last year I was requested by a medical friend to meet him in consultation on a case, where he had permitted a silver catheter to slip into a lady's bladder. The patient had had, a few weeks previously, a severe labour, producing paralysis of the bladder, and rendering the introduction of the catheter necessary night and morning. A few hours before my visit, her medical attendant, in attempting to draw off the water, experienced some difficulty, and whilst making more pressure than usual, the catheter slipped into the bladder. He immediately attempted to reach it with his dressing forceps, but failed. I advised him to wait until it became necessary to draw off the water again, then pass a longer catheter, and endeavour to discover its position; but it could not, however, be detected, and the operation was repeated several times before it was felt. The following plan was then tried:—

A piece of sponge tent, somewhat longer than a common female catheter, and of the size of the little finger, was passed into the bladder, without difficulty or without giving pain, and allowed to remain eight or ten hours, during which time the water passed freely through it. At the end of that period it was removed, and the forefinger of the left hand passed readily into the bladder. The catheter was felt lying across, one end resting on the pubes, and the other embedded in the folds at the back part of the bladder. There was considerable difficulty in bringing it into the urethra,

which was effected by carrying the forefinger of the right hand into the vagina, and pressing the bladder backwards and upwards, which brought that part of the instrument lying over the pubes within reach of the other finger, and then into the urethra, from whence it was readily removed by the dressing forceps. All this was effected with very little pain, and without the patient or her friends even being aware of what had happened. The instrument, which was one of the sliding short catheters recommended by Mr. Jewel, remained in the bladder fifteen days, producing but very slight irritation.

This is, I believe, a very rare accident; and, on looking at the catheters which are generally in use, one only feels surprised that it does not happen more frequently, as there is not sufficient guard to prevent it. Mr. Abernethy used to relate in his lectures a case of this kind, where the catheter was not extracted; and a long time afterwards an abscess formed in the side, which was opened and discharged freely for some days, when, on passing a probe, a hard substance was felt, and extracted with a pair of common forceps, which proved to be a catheter.

Sir A. Cooper lately obligingly showed me a drawing of a calculus formed over a catheter which had got into the bladder, and which he removed by the usual operation some years since at Guy's Hospital. To this gentleman I am indebted for suggesting the plan which proved so successful in this case.

I observed, in this case, that the whole internal lining of the vagina was in a sloughing state, which I think very frequently occurs after laborious parturition, where the head rests for many hours in the vagina, although I do not remember to have seen it noticed; much of the soreness and pain which women complain of after such labours arises, in my opinion, from this cause, and would, probably, lead to adhesions, if nurses did not use the precaution of smearing the parts frequently with ointment.

CASE II.—Elizabeth Creed, married about four months, had retention of urine, and was relieved several times by the catheter, when, in passing it one day, it unfortunately slipped from the surgeon's fingers into the bladder. No attempt was made to extract it, and about a fortnight afterwards she was brought a distance of thirty miles to the Bridgewater Infirmary. Having ascertained the presence of the instrument, I introduced a piece of sponge tent into the bladder in the evening, and allowed it to remain during the night. On the following morning I withdrew the sponge, and passed my finger with some difficulty into the bladder, and felt the catheter resting on the pubes, from whence it was brought into the urethra with a pair of dressing forceps, and readily extracted. In this case the instrument remained in the bladder seventeen days, and produced considerable irritation. There was much greater difficulty in dilating the urethra in this than in the former case, which occurred after delivery; in the latter, the urine passed involuntarily until the fourth day, but in the former the urethra regained its power immediately after the removal of the catheter. Two such cases having been brought to my notice within a few months, it would appear that this accident is not of such rare occurrence as is generally imagined. It may frequently happen, with

the instruments usually employed, from sudden shrinking, or change of the patient's posture. Under this apprehension I always use a flexible male catheter, which is more convenient and clearly, particularly in all cases where it is necessary to empty the bladder during labour.

The easy and effectual method of dilating the female urethra with sponge tent, is safer and better than using a metallic dilator. It may be employed to remove calculi, and in many instances render the operation of lithotomy unnecessary.

Bridgewater, April 1841.

PROVINCIAL MEDICAL & SURGICAL JOURNAL.

SATURDAY, MAY 8, 1841.

WE stated in our last number, that in the progress of the reform question, the proceedings of the Provincial Association had been directed in accordance with certain leading principles, generally recognised by the Medical Profession. It will be advantageous to take a more comprehensive view of these proceedings, and to institute a more detailed examination of the acts of the Association, in relation to the three great questions of education, organization, and protection. The means of affording medical relief to the sick poor, adopted by the Poor-law Commissioners and Boards of Guardians acting under their direction, early engaged the attention of the Association. A committee was appointed at Oxford, in the year 1835, which has from that time been in active operation, and from which much valuable information has emanated; reports from the committee have been laid before the Association at its successive anniversaries. Many important suggestions have been made, petitions to Parliament drawn up, an investigation before a committee of the House of Commons obtained, and such evidence brought forward, as, notwithstanding the underhand dealings and open opposition of interested parties, has led to a modification of some of the obnoxious regulations, and a partial discontinuance of certain of the practices complained of. The fatally injurious effects of quackery upon the public health, and the detriment experienced by the legally qualified medical practitioner from the encouragement afforded to empirical pretenders of every description, were brought before the general meeting at Bath, in the year 1838. A committee was subsequently appointed by the council to investigate this subject, and to point out the means by which due protection might be afforded to the public, and the medical practitioner secured in the exercise of his

just rights. Valuable reports from this committee were presented at the succeeding anniversaries at Liverpool and Southampton, which embody a mass of information upon the evils resulting from the nefarious and homicidal practices of quacks, and contain many excellent suggestions respecting the prevention of the evils so generally felt and complained of. The questions of education and organization have in like manner received the earnest attention of the Association. A committee was appointed at Cheltenham, to watch over the interests of the profession, and from the proceedings of this committee, which is still in operation, measures of great importance, and calculated to exercise considerable influence on the future prospects of the medical profession, have emanated. The intimate connexion of the proceedings of this committee with the reform question, renders it necessary to enter somewhat more into particulars. In their report presented at the Liverpool meeting in 1839, the necessity of improvement in the system of medical education was strongly enforced, and the plan of study which had been at that time recently adopted, and has since been followed out in the University of London, was recommended as being calculated to produce medical practitioners of a high standard of qualification, and altogether well adapted to the exigencies of the public service. The committee was appointed in 1837; but entertaining the hope that a report upon the evidence taken before a committee of the House of Commons appointed in 1834, to "inquire into, and consider the laws, regulations, and usages, regarding the education and practice of the various branches of the Medical Profession in the United Kingdom," would be forthcoming, and that suitable measures would be adopted in consequence, they did not feel themselves called upon to make any communication to the Association until all expectation of such proceedings on the part of the legislature had ceased. In this, the first report of the committee, it is observed, that "There are two modes by which, speculatively, an effective reform of the profession might be attempted; either by first organizing the profession so as to determine specially its classes and gradations, and then, in conformity with the system thus established, devising suitable qualifications for whatever departments the collective profession should comprise, leaving the special qualifications of each branch to be regulated by the government under which it should be more immediately placed; or by beginning with qualification, and by founding on it the gradation which should be recognized in a well-regulated profession." The second of these modes seemed to the committee, after mature consideration, to be the more eligible one,