day was again sent for. I found that, when using the speculum ani, a shred was seen hanging from the vagina; and on examining it, a bone of the foetal skull was seen at the orifice. Feeling certain, from the state of the patient, that unless speedy relief was afforded, twenty-four hours would probably fatally end the case, I determined at all hazards to extract the whole of the offending mass.

The patient being placed slightly under the influence of chloroform, I carefully introduced a large speculum into the vagina, and about midway came in contact with bone. I dilated the instrument and brought away one of the parietal bones, keeping the edges in contact with the sides of the speculum. A little higher up I met with the occipital; and then, having well syringed out the vagina, I carried the instrument up to the os, which I did not distinguish. I saw a fleshy mass presenting, and with a long bullet forceps pulled away the clavicles and scapulæ. Having got a firm hold of the sternum, I gradually brought forth a full grown male child, minus the head, much decomposed and saturated in fæces. The vagina was again well syringed out, large quantities of fæcal matter flowing from it. I left the patient, on the following day, much relieved and free from pain.

On examination with the speculum two days afterwards, I was informed, a large rent had been discovered to the right of the os. For some days all fæcal matter passed per vaginam about every half-hour; this, however, has gradually diminished, and at the present time (May 14th) all the dejections pass naturally; her strength is fast returning; her appetite is excellent; and her mind, which from long suffering became rather enfeebled, is fast regaining its tone. She has come a long railway journey without inconvenience, and is in all respects progressing most satisfactorily.

Thus has terminated favourably a case which I believe to be unprecedented, those on record having ended fatally in the early months of gestation. After such a long period of suffering, nature proved sufficient to repair an injury which from its position art could with difficulty accomplish, and the continuance of which would have made life a burden. When first the case was diagnosed as an ovarian tumour, I doubted the possibility of pregnancy going on to the full time with so large and irritable a growth of the ovary. Dr. Rigby, in his work, says that pregnancy to the full time of gestation cannot exist with either a large or rapidly growing ovarian tumour; with which I fully concur. Here we would have had not only a large but also a very irritable one. This led me in the first instance to examine very minutely. I am inclined to think that the ovum was arrested in the left Fallopian tube; that it ulcerated its way into the intestines; that the bones of the head became fixed against the upper part of the recto-vaginal septum, and there ulcerated a passage through. The body must have been in the intestine when I operated. With the great care used, I do not think that the parts were lacerated much more than that destroyed by the ulcerative process. The puncture, which at the time was looked upon as a grave error, acted beneficially, for the foetus descended immediately after it; and from the escape of very fetid gas, together with what I could ascertain of the amount of urine passed that night (the patient not moving off her back), I think that the cyst was punctured, and that the fluid escaped by the bowels.

Tottenham, May, 1863.

ON A

CASE OF VESICO-VAGINAL FISTULA:

LOSS OF URETHRA AND NECK OF BLADDER, AND LARGE RECTO-VAGINAL FISTULA; COMPLETELY CURED BY OPERATIONS.

By I. BAKER BROWN, Esq., F.R.C.S.E.,
SURGEON TO THE LONDON SURGICAL HOME.

Mrs. H—, aged thirty-six, married, came under my private care on Jan. 9th, 1863, from Norfolk, and was sent to me by Dr. Lowe, of Lynn.

History.—Had been married one year and nine months; was confined in April, 1862, of her first and only child; was in labour three days and nights. Twenty-four hours before the termination of the labour, instruments were used for three hours without any satisfactory result, and a still-born infant came into the world without assistance. The placenta did not come away till twelve hours after the child. Immediately after the labour the urine gushed away per vaginam; and three

or four days afterwards the fæces came the same way. In September, 1862, she was operated upon in the country for recto-vaginal fistula, but without success. Ever since both fæces and urine have escaped per vaginam, and she has been in a truly miserable condition.

On examination I found the vagina so cicatrized that I could not introduce my finger more than an inch and a half; the os uteri could not be felt; there was a vesico-vaginal fistula about the size of a shilling, through which all the urine came; all the urethra and neck of the bladder was sloughed away; there was also a large transverse recto-vaginal fistula two inches and a half long; and the whole vagina was puckered up by cicatrization. The general health of the patient was good considering what she must have suffered.

Treatment.—Jan. 15th, 1863: I freely laid open the cicatrized vagina by two lateral incisions, and plugged it with oiled lint.

Jan. 17th.—The lint was removed, and for one month the parts were kept dilated by tents, which were introduced every other day.

Feb. 18th.—The incised parts being healed, the patient was placed in the lithotomy position under the influence of chloroform, and I proceeded to operate, closing as much as I could of the recto-vaginal fistula by paring the edges and introducing nine silver sutures, which brought all the parts together except one small corner, which was puckered and could not be reached. I then, without paring the edges, introduced one wire stitch into the vesico-vaginal fistula, so as to lessen its size and to allow of the wearing of a long silver catheter, made purposely by Mr. Pratt, to prevent the escape of urine on the rectum. The bowels were kept quiet by opium.

March 4th.—Sutures removed; all the parts brought together quite healed.

12th.—I operated upon the small recto-vaginal fistula which remained, using two sutures.

20th.—Sutures removed. There is still a point not healed in the rectum. On this day I operated upon the vesico-vaginal fistula, first puncturing with a small trocar under the pubis to try and make a false urethra. This was very difficult from the excessively small amount of tissue, and ultimately I had to pierce rather on the left side to do so. The parts near where I punctured were very feebly organized, and I had to introduce silver wires at two points where the walls of the bladder had given way. Having pared the edges of the fistula, I brought it together by three silver sutures. A catheter, kept in its place by Mr. Philip Harper's instrument, was introduced, and the patient put to bed.

29th.—Sutures removed; the vesico-vaginal fistula was quite healed, but there was a point near the new urethra which had given way.

April 2nd.—I closed the remaining fistula in bladder with four silver sutures, and also closed the small remaining recto-vaginal opening, after first dividing a small constricting band which had evidently prevented its healing after the last operation.

12th.—I removed the sutures from rectum and bladder, and to my delight found all quite healed. I ordered her to wear the catheter for a few days, but soon found that it was not necessary, as she daily gained power both in retaining and passing urine. It became very difficult to pass a catheter, owing to the formation of a sort of valve of mucous membrane just inside the false urethra.

May 1st.—Went home, having perfect control over both urine and motions; a tolerable-sized vagina, with the os uteri, very small, to be seen high up on the left side.

Subsequent reports confirm the good account, and certainly no case ever came under my notice where so much mischief was so completely cured by plastic surgery.

Connaught-square, June, 1863.

AN UNUSUAL OPERATION.—M. Kœberlé, Assistant-Professor at the Faculty of Medicine of Strasburg, has lately performed a rather extraordinary surgical operation. He was engaged removing, *through* the parietes of the abdomen, a large fibrous tumour of the uterus, when he determined, on perceiving the morbid state of the womb and one of the ovaries, to remove both the latter and the uterus, leaving merely the vaginal portion of the cervix uteri. This operation was performed on the 20th of April last, and the patient, five weeks after the adoption of these unusual and severe surgical measures, had experienced neither hæmorrhage nor untoward symptoms. She is now (says the *Gazette Médicale de Strasbourg*) quite convalescent.