These facts prove that at Palermo the rain must be more continued, more mizzling, more like that of the northern regions of Europe, than is the case on the north shore of the Mediterranean. On consulting the valuable work written by Professor Scina on the topography and meteorology of Palermo, I found that such is really the case. There are 181 days in which rain falls, whereas at Malaga there are only 40; at Nice, 60; and even at London only 145. And yet only 21 inches of rain fall, which is about the average of London, whilst 25 fall at Nice. Professor Moscouza, the leading Palermitan physician, also told me that he considered the climate of Palermo essentially a moist one. The paucity of the rain-fall at Palermo as compared with other regions in the south of the Mediterranean, and the moist character of its winter climate, are explained by its geographical position. The north-east, north, and north-west winds, which principally reign in winter, have had their moisture precipitated by the mountains of Italy, of the south of Europe, Corsica, Sardinia, and of Spain. The moisture they contain is merely what they have picked up on their subsequent passage over a limited portion of the Mediterranean. The mountains which form the Palermo amphitheatre not being very high, nor their temperature very low, a portion only of this moisture is condensed and gently precipitated.

The nights must be cool throughout the winter, for the deciduous trees were decidedly backward. The hawthorn was in bud but not in blossom on the 18th of April. The white mulberry tree showed a few leaves, but the black mulberry tree—a tardier kind—was quite bare. As in the Riviera, deciduous trees lose their leaves some time in December, and the nights throughout the succeeding months are too cold for them to be regained until April or May.

The above facts clearly point out the character of the winter climate of Palermo. It cannot be very cold—indeed it can scarcely ever freeze, as the lemon-tree thrives, becoming a large tree, in the open air, and a few degrees of frost kills it. The nights, however, being cool from December to April, and the day sun-heat being considerable, the daily transition of temperature must be marked as on the Riviera. But instead of being dry and bracing, as is the climate of the north Mediterranean coast, the climate of Palermo must be rather moist and relaxing. On referring to Professor Scina's work, I find these deductions carried out by the data he advances.

The mean winter temperature of Palermo, like that of Naples, is higher by some degrees than that of the Riviera; but I presume that in both localities this fact is partly owing to the occasional prevalence of the scirocco, or south-east wind from the African desert, which always greatly raises the temperature while it lasts, and is a source of much discomfort and distress to the entire community, to the sound as well as to the unsound. Indeed, the increasing heat and the more pernicious character of this African wind, as we go south in the western regions of the Mediterranean, to a great extent counterbalance the advantage gained as regards general winter mildness of temperature.

Such a winter climate, temperate, sunny, and rather moist, may be beneficial to the class of patients to whom I alluded in commencing—to those with whom the dry, bracing, stimulating climate of Cannes, Nice, Mentone, St. Remo, &c., does not agree. At the same time I do not think it possibly can be as beneficial to those who require invigorating and vitalizing, to those who are suffering, like the phthisical, from defective nutrition. In the earlier and curable stages of phthisis I am persuaded that a dry invigorating climate like that of the Riviera is far preferable in the great majority of cases.

(To be continued.)

ON A CASE OF COEXISTING EXTRA- AND INTRA-UTERINE PREGNANCY.

By J. P. PENNEFATHER, M.K.Q.C.P. &c. Dublin.

MRS. H—, a lady aged thirty-eight, the mother of five children, miscarried in August, 1861, and became again pregnant in the following October. From the time of conception she felt unusually unwell, and several times remarked that she thought something was wrong. Her bowels were very confined. While dressing on the morning of the 3rd of April, 1862,

she was seized with a violent pain in the abdomen. Purgative medicine was administered by her medical attendant, which, with enemas, acted freely, much relieving the pain, and bringing away a quantity of scybala. Great tenderness, however, remained; and the patient was unable to lie on either side, particularly the left. The bowels continued in an unsatisfactory condition, requiring the constant use of enemata; and she suffered from excessive vomiting and flatulence. The abdomen continued to increase till it attained an enormous size; the stomach retained little else than brandy-and-water; she got no sleep without large doses of morphia.

On September 4th, after six hours' labour pain, a full-grown female infant was born. The abdomen still appearing very large, the gentleman in attendance suspected a twin case; but after remaining some hours, and carefully examining, he pronounced the enlargement to be an ovarian tumour. I received a telegram to this effect, and immediately left for her house. I found Mrs. H— in a very happy frame of mind, and quite free from pain, the birth of the child having relieved the enormous tension. On examination externally, I found a large hard swelling to the left of the umbilicus; and after long and careful search I distinguished the fetal tick, as well as the movements of a foetus. I communicated my opinion to the medical man, who however was not equally fortunate, and still adhered to his diagnosis. I distinctly traced the outline of the uterus on the right, but not satisfactorily on the left side. I thought we might here have a case similar to Madame Bovin's, and recommended the administration of ergot. The action of the drug I watched closely, and found that, though acting powerfully on the womb, the tumour was uninfluenced by it. Half an hour after it was given, I could find no further movements. On a vaginal examination, I found the womb had considerably ascended. I then formed the opinion that the case was one of coexisting intra- and extra-uterine pregnancy. The patient was greatly emaciated, but now seemed to gain flesh rapidly; there was but slight discharge from the vagina, and the breasts secreted no milk. Her recovery was steady and uninterrupted.

Dr. Oldham was consulted, and pronounced the swelling to be an ovarian tumour. This lady came on a visit to me soon after, and, as she was leaving the neighbourhood of London, I took her to Dr. Ramsbotham, who passed a uterine sound, and found the womb normal. From my description, he agreed with me as to the nature of the case. When leaving, I laid down certain rules of treatment, impressing the necessity of calling in medical aid should the bowels become at all irritable.

For three months her general health steadily improved. At the latter end of January, 1863, she was obliged to call in medical assistance. In the early part of February hectic set in, with distressing diarrhoea and profuse sweats; the pulse ranging from 120 to 160. Opium was the only drug which exercised any influence over the bowels; the mildest purgative caused such hypercatharsis and depression that large doses of stimuli became necessary to support her. On February 14th the gentleman in attendance detected fluctuation in the left iliac region. Concluding that it was fluid in the ovary, and the patient's condition being very unfavourable, with the perfect concurrence of the two gentlemen called in consultation he plunged a full-sized trocar into the swelling. No fluid flowed, and on withdrawing the trocar it was covered with faeces. The patient was kept on her back, and the puncture healed rapidly. The hectic immediately subsided, and all bad symptoms were for the following ten days much relieved. The bowels then became troublesome, tenesmus occurred, and emaciation was extreme. (The above account from January, 1863, I received from the surgeon in constant attendance.)

On the 10th of March I received a telegram requesting my presence. On examination, I found the abdomen much reduced in size; the prominent swelling had disappeared; and it was only after careful investigation that I could detect any hardness. From the subsidence of the tumour, and the account I received of the immense quantities of faecal matter passed, I felt inclined to change my opinion to that formed by the gentleman then in attendance—namely, that the tumour was caused by a collection of faecal matter in the intestines. Concluding that if such were the case, the tenesmus arose from an accumulation of hard faeces in the rectum, I introduced my finger, with much difficulty, owing to the extreme sensitiveness of the part; but the examination caused so much pain, almost amounting to agony, that I was compelled to desist. Not being able to obtain a speculum, and being obliged to return to town that evening, I urged on the patient the necessity of allowing it to be used. (Her long sufferings had made her rather intractable.) I sent one from town, and on the following

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.