the mechanical obstruction produced by the gravid uterus pressing upon the iliac veins, and preventing a free return of blood.

Remarks.—There was in this case some deviation from a normal condition of the pelvis. The antero-posterior diameter was less than the standard, and the capacity of the pelvis was evidently less than ordinary, and from this circumstance, her labours had always been protracted, continuing from two to three days; then there seemed also to be some softening of the substance of the womb which predisposed to this accident.

The selection of gastrotomy was made in this case on account of the rapid contraction of the uterus occurring after the escape of the fœtus, and rendering it impossible to reach the child; deliver through the laceration and per vias naturales. It appears to me the extraction of a full grown fœtus through the rupture would always prove very difficult, and even more dangerous than the operation which was adopted.

Would not a prompt performance of gastrotomy in cases where this formidable accident has occurred diminish the mortality?

P. S. It is now two months since the operation, and the patient is perfectly well and able to resume her duties as cook.

ART. XII.—*Gutta Percha Bougie broken in the Bladder; Lithotomy for its removal; Recovery.* By R. T. MAXWELL, M. D., of San Francisco, California.

MR. W. M., æt. 38, called upon me at 1 A. M., June 20, 1856, stating that he had broken a gutta percha bougie in the bladder; the accident had happened about an hour before, and the pain already produced was excessive. The patient had suffered from a stricture for several years, and, at the suggestion of a surgeon who had formerly treated him, had been in the habit of passing a bougie occasionally, and had always succeeded in doing so without difficulty.

A period somewhat longer than usual having passed without the use of the instrument, he had that day purchased, of an apothecary, a bougie which he recommended highly, made of gutta percha, by a manufacturer: size about No. 9.

The instrument was introduced slowly, and carefully, after retiring to bed, and was allowed to remain undisturbed about half an hour; when upon withdrawing it with gentle traction, it parted, and about three-eighths of its whole length, or $4\frac{7}{16}$ inches, was left in the bladder. Palliatives were used that night, and an examination by the sound made next morning with difficulty, as the irritation of the bladder was already very great, the viscus contracting

spasmodically upon the foreign body contained in it, and the urine passed very frequently in small quantities, mixed with blood, and thick, ropy mucus.

It was impossible to detect the bougie, softened as it was by the warmth of the body, and after several ineffectual attempts, I decided to dilate the urethra as much as possible, to administer diluents, and by means of anodyne enemata, and warm fomentations to quiet the irritation as much as possible, hoping that the point of the bougie might engage in the canal, and by the force of the urine accumulating behind it, might be forced within reach.

Besides having this object in view, the patient's constitution had been much impaired by repeated attacks of intermittent fever, and he was in a very unfit condition for the operation of lithotomy.

The state of the bladder was such, that at no time would it contain more than three ounces of fluid without paroxysms of pain too great to be endured.

The profuse discharges of blood and mucus, gradually diminished under treatment (every care being taken at the same time to improve the general health), although the urine continued to be surecharged with the earthy phosphates.

All efforts to get rid of the bougie otherwise than by the knife, proving hopeless, I determined to resort to it, and on the morning of July 14, I performed the lateral operation for stone, using the staff, and a gorget of small size, only partially dividing the prostate so as merely to allow the introduction of one finger. The foreign body could now readily be felt, and by means of a long and slender polypus forceps, two portions were successively removed, each thickly covered by a crystallized phosphatic deposit.

By adapting the ends to each other, they evidently constituted the whole of the portion of the bougie left in the bladder, and measured, as stated above, four and seven-tenths inches.

The bladder was well washed out with tepid barley water, and upon careful search, it being ascertained that no fragments of the concretion were left behind, the patient was put to bed.

Three weeks after the operation, the urine passed solely by the urethra, and on the thirty-fifth day the wound had healed, and the patient was able to attend to his ordinary business, his progress toward cure having been uninterruptedly good.

The most remarkable facts presented in this case are, that a material of such great tenacity, should so readily have separated in the withdrawal from the urethra, and more particularly that the retained portion should again have been broken by the force of the contractions of the bladder—the broken end of the portion withdrawn having exhibited no indication of a flaw, or other imperfection.

The detail of the case may, it is hoped, serve to warn the profession generally, against the use of so unreliable a material, for the purposes to which it was here applied.