

mechanical obstruction in the urethra. The external orifice of the meatus urinarius was situated in a cul-de-sac, and the hymen was tense and slightly protruded. The bladder having been evacuated, I proceeded to examine the hypogastrium, where I discovered an obvious and considerable enlargement of the uterus of an oblong shape, extending nearly to the umbilicus. The lower part of the abdomen had been increasing in bulk during the last two years, and the breasts were fully developed; in short, she appeared to be in a state of pregnancy.

The patient being laid on her back, I pushed a double-edged scalpel through the hymen, which was very thick and tough, beginning at the upper part just below the meatus. Nearly four pints of tar-like fluid gushed out; after which I continued the incision down to the perineum. An aperture was thus made capable of admitting two fingers, into which a plug of lint was introduced.

Before the whole of the menstrual fluid was discharged, the young lady became hysterical, and continued in that state while I remained with her, which was a period of four hours; and my engagements compelled me to leave her in that condition, under the care of the practitioner in attendance, from whom, on the third day after the operation, I received the following letter:—

“ March 28, 1832.

“ My dear Sir,—I feel much pleasure in informing you that our patient is, in many respects, relieved. The muscular action of the bladder has returned, and nature effects her own purpose with perfect consciousness. The bowels are relieved. There is still a discharge, a little corrosive in its character, but not grunious. I have, this morning, passed a sponge, without any difficulty, during a paroxysm of hysteria. The hysterical affection still continues with severity, but I can say with propriety, that she is progressively, although slowly, improving. With best regards and thanks for your attention, I remain, my dear Sir, yours,” &c.

April 16. The wound healed. The hysterical fits return three or four times daily. The patient walks out, and has not yet menstruated. She has constant pain in the left side of the abdomen, which is tender.

May 14.—Being again in the neighbourhood of her residence, I called to inquire after her, when I was much pleased to find that she had menstruated profusely a few days after the last report. The discharge was perfectly natural; and the hysteria had subsided about a week ago. —

In performing the operation of dividing the morbid vaginal membrane, great circumspection is requisite, as death has been the consequence in several instances. De Haen, in the sixth part of his *Ratio Medendi*, mentions a misfortune of this kind, occasioned by the operator having carried his incision, by mistake, into the bladder; and Denman lost a patient with peritonitis, produced by the operation.

The incomplete obstruction usually admits of a minute aperture at the upper portion of the hymen, through which part of the urine is forced out in drops, or a small stream, with great pain, resembling that produced by stone in the bladder. As this pain and distress exist from birth, not more than three or four years elapse before the malformation is discovered; the little patient being then able to describe her sufferings. Many such cases have come under my care, and have been permanently cured by a free incision. When allowed to proceed without relief, the disease has terminated in death. An instance of this kind is recorded by Dr. Schmiedt,\* in which the stagnant urine, accumulated in the vagina, eroded the passage and made an opening into the rectum, which proved fatal; the patient being only eight years old.

The cure in every instance consists in the division of the false membrane, which, it should be observed, is sometimes found double, at others of extraordinary density. Various successful operations of this nature are recorded, for the particulars of which the following authors may be consulted:—Fabric. ab Aquapendente Oper. Chir. p. i., cap. 82, 83, 84; Guid. de Cauliac., Tract. 6, cap. 7; Hen. Van Roonhuyzen, Obs. par. i, pag. 102, 103; Paul Barbet, p. 1, Chir. 1, cap. 13; Warner's Cases in Surgery, p. 276, &c.—*Op. Cit.*

## ON FIXING THE SCAPULA

IN DISLOCATIONS OF THE HUMERUS.

By JONATHAN TOOGOOD, Senior Surgeon  
of the Bridgwater Infirmary.

In almost all surgical works in which dislocations of the shoulder joint are treated of, various methods of reduction are proposed, according to the situation of the head of the bone. Dislocations of the shoulder are, generally, easily reduced, but there is scarcely a surgeon, of any standing, who has not, in the course of his

\* *Miscellanea curiosa Medico-phastica Academiae Naturae Curiosorum, sive Ephemeridum Medico-Physicarum Germanicarum. Annus tertius, p. 198.*

practice, met with cases which have occasioned him a great deal of trouble; and, I believe, it has sometimes happened that reduction has never been effected. In the course of thirty years' extensive practice, it has fallen to my lot to see a considerable number of these accidents, and I have been, and have seen other surgeons of great experience, foiled in the attempt, from the difficulty of fixing the scapula. Attention to this point renders the operation easy, as I have often witnessed, where violent and long-continued efforts have entirely failed.

Sir Astley Cooper, in his excellent work on Dislocations, observes that this is the principal object to be attended to, without which all efforts will be ineffectual. The bandages commonly used for this purpose, do not appear to me calculated to effect the object intended, but, on the contrary, add greatly and unnecessarily to the patient's sufferings, and do not prevent the scapula from being drawn forwards when the extension is made. For many years past I have practised a very simple method, which has never failed even in cases where the head of the bone has been thrown into the most unfavourable position. The method I adopt is as follows:—

Having seated the patient on a low chair or stool, firmly secured the body and fixed the pulley, I stand over him, and place the heel of my right-hand on the acromion, leaning my weight on my hand. By this means the scapula is fixed, and rendered immoveable; the extension is then made, and the reduction quickly completed.

I lately had a case in one of the most muscular men I ever saw, who, having met with a similar accident on a former occasion, dreaded, and with good reason, any attempt at reduction, and declared that he would allow one trial only to be made, and that if it did not succeed, he would be content to let the limb remain unreduced; for that on the occasion alluded to, he had submitted to the efforts of four surgeons and a physician, with sixteen assistants, for three days, and that at length, after bleeding and other remedies, he became perfectly exhausted, when the bone was replaced.

Notwithstanding the head of the bone lay under the pectoral muscle, the whole operation, performed in the manner described, did not occupy two minutes. So satisfied, indeed, do I feel of the great importance of this point, that I do not hesitate to say that all dislocations of the shoulder may be speedily and easily reduced, by fixing the scapula in this manner, without any bandage whatever.—*Op. cit.*

## CASE OF

## ANEURISM OF THE BASILAR ARTERY

*Suddenly giving way, and occasioning Death by Pressure on the Medulla Oblongata.*

By EGERTON A. JENNINGS, F.L.S., Surgeon to the Leamington Charitable Bathing Institution, &c.

IN the following case a sudden injury was inflicted on the medulla oblongata. The symptoms were so characteristic, and at the same time so peculiar, that I have thought the case might not be uninteresting to the members of this society.

John Beard, ætat. 54, a stout healthy man, had served seventeen years in the army, which he had left about twelve months. He had enjoyed good health until within the last few months, during which time he had suffered frequently from headaches, which were, sometimes, very violent, but never so severe as to prevent his performing the ordinary duties of a labourer. When actively employed he suffered least, but on Sundays, and at other times when unoccupied, his spirits were extremely depressed, and the pain in the head more complained of. He frequently experienced great weariness of the limbs, which occasionally *went to sleep*.

Dec. 15, 1831.—After passing a more comfortable day than for some time previous, he took his supper early and retired to rest, expressing great pleasure at finding himself better than usual. In about an hour after he went to bed, his wife was alarmed by hearing him make a peculiar noise in breathing. On going to him, he informed her that he awoke suddenly, supposing that he had been violently struck at the back of the neck. He could scarcely breathe, and was confident that he was going to die. He almost immediately became insensible. I saw him about twelve o'clock, and was forcibly struck with the peculiar character of the respiration. It consisted of alternate violent spasmodic inspirations and slight groans. There was no stertor. Inspiration had the character of a violent sob; expiration was attended with a long-continued groan. There was complete resolution of all the limbs; when lifted from the bed they fell as though dead, and appeared quite insensible when pinched or pricked. Common sensation and motion appeared, however, to exist in the face, for, on tickling the cheek with a feather, the muscles contracted, and on introducing fluids into the mouth, the lips and cheeks moved, but he could not swallow. The pupils were not unnaturally dilated, and contracted on the application of