

neither sinks nor floats. The mixture being thus of the same specific gravity as water itself the reading of the hydrometer in it is its error at this degree, and in the case of a well-constructed and accurately graduated hydrometer this error holds good with only a negligible increase throughout the scale.

Devonshire-street, W.

### AN UNUSUAL FOREIGN BODY IN THE FEMALE BLADDER WITH A SIMPLE METHOD OF EXPULSION.

By A. E. BULLOCK, M.B., C.M. EDIN.

A WOMAN, aged 50 years, came to me on Feb. 17th, 1903, complaining that the day previously in attempting to draw off her urine she had broken the catheter—a very flimsy glass one—and could not recover the missing end. On examination by a sound I at once struck the foreign body and the difficulty that then occurred to me was how to extract it without breakage. Seizing it by a lithotrite or forceps through the dilated urethra appeared certain to cause fracture. I therefore filled the bladder quite full of fluid by means of an ordinary catheter and syringe and then suddenly dilated the urethra by means of a rectal dilator, introduced, closed, and suddenly opened to its full size. This method was instantly successful, the remains of the glass catheter, which proved to be one and a half inches long and broken off at the second eye, being ejected with great force. The patient made a good recovery without any incontinence of urine.

Leamington Spa.

## A Mirror

OF

## HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. v., Proœmium.

### ROYAL FREE HOSPITAL.

A CASE OF SPONTANEOUS COMPLETE INVERSION OF THE  
UTERUS.

(Under the care of Mr. T. P. LEGG.)

FOR the notes of the case we are indebted to Dr. F. Ivens, late house surgeon.

The patient, aged 25 years, was admitted into the Royal Free Hospital on Sept. 25th, 1902, under the care of Mr. Legg. The patient said that she had been confined one month before admission. Labour lasted 24 hours and the child was delivered by instruments. A few hours after her confinement she became light headed and got out of bed and walked about the room. For three weeks she had a considerable amount of bearing-down pain and blood-stained discharge. The medical man who attended her during her confinement stated that the presentation was normal but that during the second stage the patient became hysterical and the pains ceased. Delivery was then effected by forceps. There was no retention of the placenta and everything appeared to be satisfactory. About four hours after delivery the patient got out of bed, seized her child, and relinquished it only after a struggle. On getting her into bed again complete prolapse and inversion of the uterus was found. There were no excessive hæmorrhage and no delirium. The uterus was replaced in the vagina and the patient was kept in bed for three weeks and then taken to the Royal Free Hospital.

With regard to her past history this was the first child and there had been no miscarriages. On admission the patient was very pallid and feeble. Her temperature was 99.8° F. and her pulse was 100. The abdomen was flaccid and the linea fusca was well marked. The uterus could not be felt above the pubes. The perineum was torn almost to the anal margin. When the patient strained a smooth red body could be seen at the vulva. On examination the swelling

was felt to be pyriform in shape and larger below than above. The surface was covered by oedematous mucous membrane, slightly eroded and bleeding readily. On each side at the lower part were two minute orifices corresponding to the Fallopian tubes. Between the neck of the tumour which was formed by the inverted cervix and the vaginal wall was a sulcus about half an inch in depth and external to it was a firm ridge of mucous membrane. The fornices were very deep. Bimanually the fundus could not be felt, though there was some irregularity in the hypogastrium corresponding to the partially invaginated tubes and ovaries. It was clearly a case of complete uterine inversion.

The patient was anæsthetised the same evening after admission and an unsuccessful attempt was made to re-invert the uterus by taxis. The fundus was first squeezed to reduce the congestion and pressure was then made at the orifice of one of the Fallopian tubes while steady counter-pressure was maintained abdominally. For three days the patient was kept in bed, the bowels were kept open, and vaginal douches were given, but no reduction in the size of the uterus took place. On Sept. 28th taxis under chloroform was again tried but unsuccessfully. An Aveling's repositor was then inserted but the bands were not fixed very tightly and the patient on recovering from the anæsthetic did not complain of any pain. 24 hours later, as no progress had been made, more pressure was exerted on the inverted fundus by the tightening of the bands of the repositor. In 48 hours the cup of the repositor was inside the cavity of the re-inverted uterus and was removed with some difficulty, a deep cervical tear resulting. The patient progressed well and was discharged on Oct. 17th. The uterus was in good position and had undergone almost complete involution.

*Remarks by Dr. IVENS.*—This case appears to have been one of spontaneous inversion caused not by traction on the cord but by relaxation of the uterus while the patient was in the upright position. The absence of shock or excessive hæmorrhage indicates that the process was a more or less gradual one and may have begun at the placental site. The partially invaginated fundus would then act as a foreign body and excite strong uterine contractions to expel itself. The success following the treatment by Aveling's repositor confirms the almost universal belief that this instrument should be given a fairly prolonged trial before operative measures are considered in similar cases.

### KENT COUNTY ASYLUM, MAIDSTONE.

A CASE OF ACUTE DILATATION OF THE STOMACH ASSO-  
CIATED WITH OPERATION; FATAL TERMINATION.

(Under the care of Dr. FREDERICK W. STEWART.)

A MALE patient in the Kent County Asylum, Maidstone, aged 55 years, who was a sufferer from epilepsy, complained on Feb. 18th, 1903, of severe pain and tenderness in the perineal region. On examination a hard inflammatory tumour, without apparent fluctuation, was discovered on the right side of the anus and a diagnosis of acute ischio-rectal abscess was readily arrived at. After consultation operation was decided on and in the interim the part was well fomented. The patient was duly "prepared" and on the 20th ether was administered by the senior assistant medical officer of the asylum. Having carefully performed the rectal "toilet" Dr. Stewart made an incision through the brawny tissues and discovered a necrotic focus of about the size of a large bean half an inch from the surface which was easily evacuated by a Volkmann's scoop. There were no "pockets" or fistulous off shoots present. The wound was thoroughly flushed out with carbolic lotion (1 in 20) and packed with alembroth gauze. A suppository of half a grain of morphia and iodoform was next inserted per anum. The usual routine treatment for shock was carried out and the patient recovered in a short time from the effects of the narcosis. No unusual circumstances supervened during the next week, during which the wound was healing satisfactorily by granulation. The diet during this period consisted of Benger's food and milk and the patient ate well, slept well, and looked well. For a few days there was a slight evening rise of temperature with a morning remission. On the fourth day the bowels were relieved by castor oil and afterwards by an occasional glycerine suppository. On March 3rd—i.e., 11 days after the operation—the patient appeared to have a very sharp appetite and thirst which were satisfied *ad*