

about five weeks after she had got about again. In 1862 I saw her, and diagnosed spontaneous dislocation with but slight union between the bones. The deformity was very great, the thigh being bent at about—probably at rather less than—a right angle with the pelvic axis, and was rotated very much inwards. The innominate bone was drawn back on that side, to permit the thigh being as near perpendicular as possible. A splint such as was used in the last case was employed: it had a rapid effect at first, and then its results became slower. In six weeks, however, the alteration was very satisfactory; and I now permitted her to sit up in the daytime, and to have the splint on only at night. In three months she could walk comparatively well.

I have, for fear of overstepping the proper limits, been obliged to curtail these cases very much. I would now add that no amount of distortion need make you despair of producing a very fair limb, if only you adapt your means properly to the end in view; but I must also remark that care in the use of the various means which I have mentioned in the previous lectures on the inflammatory stages of hip-disease would, I firmly believe, render such deformities quite rare. At all events, gentlemen, look in our wards, and consider the cases you have seen treated according to the principles here laid down; and consider whether you have seen a single instance either of deformity or of dislocation after such management.

I must now conclude these lectures. The diagnosis and management of disease is less understood, when it affects the hip, than when it attacks other joints, and therefore I have thought it well to begin with that subject; but when we meet in another session I may very probably speak to you about deformity and disease in other parts, and point out to you certain methods of overcoming them which are, in my experience, more successful than those generally adopted.

A HAIR-PIN EXTRACTED ENTIRE FROM THE MALE BLADDER BY MEANS OF THE LITHOTRITE.

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THE following account appears to me worthy of publication as a case of extreme rarity; indeed, as far as my knowledge extends it is unique. It forms, moreover, a fitting pendant to an interesting case related by Mr. Fergusson in THE LANCET of August 22nd, 1863, in which he gives the details of the successful removal by means of the lithotrite of a bougie which had escaped into the bladder of a young man.

On Sunday forenoon, Aug. 30th, 1863, I was summoned by my friend, Mr. R. W. Dunn, of Surrey-street, Strand, to see a gentleman aged sixty-five, residing in that neighbourhood, and said to have passed a hair-pin into his urethra. The patient's story was as follows: That while shaving that morning, seated before his wife's dressing-table and glass as usual, he had sud-

denly felt a violent itching some little distance down the urethra; and that he took a hair-pin, happening to be the first thing within reach, to introduce for the purpose of allaying the irritation. He held it by the two points, and passed the blunt or bent end down the canal for two or three inches; at this moment, to his great alarm, the points escaped from his grasp with a spring, entered the urethra, and were lost sight of instantly. He sent for Mr. Dunn, who, on his arrival, discovered the pin to be at least an inch and a half from the external meatus.

On my seeing the patient two or three hours after, I passed a pair of long slender urethral forceps, and discovered a hair-pin lying as described, the two points directed towards the external meatus, but at this time at least four inches and a half from it. It was evident, with the wedge-like form and spring-like action of the foreign body, that its passage towards the bladder was facilitated by every movement of the patient. Although I could grasp the pin just below either point with my forceps, the points themselves being buried deeply in the mucous membrane, it was obvious that no attempt could be made to withdraw in that direction. My first idea, therefore, was to cut the pin in two, if possible, at the bend, which would have enabled me to extract each portion separately with ease; but, after a prolonged search at instrument-makers' and elsewhere, I could find nothing combining slenderness and strength sufficient for my purpose. I therefore decided at once to open the urethra in the perineum, as in the median operation for stone. There were present Mr. Dunn and Mr. Hedley, with Mr. George Smith and Mr. Fox, both of University College Hospital.

The patient was placed on the table, and everything was prepared. Before proceeding to give chloroform I passed the staff, and was conscious while doing so that the pin had been carried with it into the cavity of the bladder. I immediately withdrew the staff, stating my intention to make an attempt to remove the pin by means of the lithotrite before proceeding to cut. No chloroform, therefore, was given. I introduced a lithotrite with flat non-fenestrated blades, and had no difficulty in seizing the pin; but it was manifestly in the transverse direction, and I rejected it. I seized it again, but still not in the long axis, and again rejected it. The third time I caught one of the points of the pin longitudinally in the blades of the lithotrite, and, screwing home tightly so as to hold it securely, I carefully drew it into the neck of the bladder; then, by gently moving from side to side, I continued to draw it through the urethra (encountering only slight resistance), with the effect of gradually straightening-out the other part, and thus succeeded in removing the pin entire, and in the form of a nearly straight line. It measured exactly five inches and a quarter in length.

The whole proceeding occupied about five minutes; no bleeding whatever was occasioned, the patient uttered no expression of pain, and no symptom of disturbance ensued. I did not see him again, but a day or two afterwards Mr. Dunn wrote to inform me that he was perfectly well, and had walked out, contrary to all instruction, in the evening, a few hours after the operation.

The annexed figure shows exactly the position of the blades and of the pin at the time of withdrawal. Both are represented of the actual size and form.



I am glad thus to have the opportunity of demonstrating what the lithotrite is capable of doing in removing foreign bodies from the bladder. At the same time I think it probable that the ingenious instruments specially contrived for the removal of hair-pins from the female bladder (a much more common receptacle for them than that of the male) might be gene-

rally the most certain means of attacking them in the latter situation also. But so much is possible with the lithotrite in such cases, that I should scarcely like to employ the special instruments until I had quite satisfied myself that the former had really failed.

Wimpole-street, Cavendish-square, Nov. 1863.

ON

TWO CASES OF ACUTE FATAL JAUNDICE.

By GEORGE ROPER, Esq., M.R.C.S.

ON the morning of Oct. 12th, 1863, I was called to see E. N—, aged nineteen, a poor woman who, forty-eight hours before, while in the seventh month of pregnancy, had been

delivered by a midwife of a still-born (first) child. Two days before delivery she was observed to have jaundice, but was not severely ill, as she performed all her domestic duties as usual. She had, for a week before the appearance of jaundice, complained of pain in the limbs, and told her neighbours she had taken a bad cold. Her labour was a very easy one, and excepting her colour from jaundice, nothing unusual was observed in her condition till twenty-four hours after her delivery, when