

ON A
PALLIATIVE MODE OF TREATMENT
FOR
VESICO-VAGINAL FISSURE.

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THIS appellation (which is, perhaps, preferable to one more generally used, viz., vesico-vaginal fistula) is given to an aperture in the septum between the vagina and bladder, allowing the urine to pass from one organ to the other, instead of pursuing its natural course through the urethra. The miserable condition of those unfortunate females who suffer from its effects is so well known to most practitioners that I need scarcely advert to the great necessity which exists for some remedial agent, which may at least tend to alleviate it, and control some of its most distressing symptoms, if not possessing the powers of effecting a perfect cure.

This accident is a source of constant and most severe suffering to the patient, not unfrequently leading to other diseased conditions of the parts concerned, but also implicating the neighbouring organs, affecting her general health often to an extreme degree, and rendering the sufferer a source of disgust to herself and to those nearly allied to her. Fortunately in the present day, owing to the improved state of obstetric practice, these cases have become much more rare than formerly, and we now find them usually occurring in the lower ranks, and depending, in most instances, on the neglect or want of skill of their attendants, whose education for the branch they profess is generally left to their own discretion instead of being (as in most of the continental states) rigidly tested by proper examinations, either by the colleges or by proper persons appointed by Government for the purpose.

Although the fissure may be congenital, or may arise from other affections or accidents, such as venereal or cancerous ulcerations, calculi in the bladder, the vesico-vaginal operation for the removal of these calculi, amputation of the neck of the uterus, or from simple accidental inflammation and consequent sloughing, *maladroit* use of instruments, or in the removal of tumours from the vagina; still by far the greatest proportion of these cases are the result of long-continued pressure of some part of the vesico-vaginal septum during parturition, between the head of the infant and the pubes of the mother, when the urine has been allowed to collect in the bladder, thus distending it, and diminishing considerably the space through which the infant has to pass. Intense inflammation and the consequent death of the part so pressed upon are the effects, and in a

short time it is thrown off in a state of sphacelus, leaving the aperture already described.

I have mentioned the pressure of the head of the child as the most frequent cause, but several cases are on record in which the long-continued compressure of the septum by the breech or shoulder has occasioned similar results.

The immediate symptoms are occasionally such as may not cause alarm as to the ultimate consequences; the patient perhaps complains of a feeling of numbness in the pelvis and down the legs; there may be retention of urine requiring the daily use of the catheter, or micturition is performed with difficulty, and accompanied by intense pain. In some instances the urine is passed without any considerable difficulty or pain, so as to lull suspicion as to what is going on, until at length about the third or fourth day after labour, or in some cases not until a fortnight has elapsed, the eschar separates, comes away, and an immediate flow of urine through the new passage is the consequence. The detachment of small shreds of the sphacelated part sometimes precedes that of the entire portion, and warns us of the approaching danger.

The seat of the fissure varies in different cases, as do likewise its form and extent: these will, of course, depend on the space implicated by the pressure. The aperture in those cases which I have had the opportunity of examining has always been in or close to the neck of the bladder; it may be transverse, longitudinal, or of an irregular rounded form. In order to ascertain these points, the best method is to pass a good sized catheter into the urethra—when, aided by the speculum and our fingers, we shall be able to determine them with greater facility.

The sufferings of the unhappy patient are in general most acute, for the constant flow of urine irritates and inflames the whole vagina and vulva, frequently causing ulceration, or the formation of abscesses either at the aperture or in different parts of the canal. A high degree of fever accompanies this condition of parts, and although the urine becomes more scanty in quantity, it is at the same time more highly charged with saline particles, rendering its irritating quality still greater than before. The *uterine* functions become irregular and disturbed to a great extent occasionally, the general health of the patient is destroyed, she is reduced in strength and form, and from being, perhaps, a robust girl, she becomes pale and emaciated, her countenance bearing a constant expression of anxiety.

For this distressing complaint various operations have been proposed and performed, but in numerous instances with very problematical results. In the cases where the *fundus* of the bladder has been involved (if we take the testimony of Jeanselme,

* Read before the Westminster Medical Society, Dec. 17, 1842.

Velpeau, and others) there is much reason to believe that very few permanent cures have followed these operations. Many of them are of a most painful, tedious, and sometimes even dangerous nature, requiring the hand of a skilful and dexterous operator. The operations in those cases even in which the aperture is situated near the neck of the bladder, have frequently failed, and the condition of the patient has been rendered more afflicting than before.

Cauterisation, either by the nitras argenti, or by the actual cautery (the former the most safe) is attended with much difficulty and uncertainty, as it is requisite that the *complete surface* of the callous edges should be touched in order to produce any good effect; and should it be effected, these portions may separate and come away, thus enlarging the aperture.

Paring off the Edges of the Fissure and the employment of Sutures.—A most difficult and serious operation, which in some instances has been followed by the death of the patient.

Lallemand invented an instrument for keeping the lips of the aperture together without the use of sutures, which is highly spoken of by Velpeau; but by the description of it, it would seem to be difficult of application. The instruments of Dupuytren and Laugier are apparently modifications of it.

Anaplastis was proposed by Velpeau, and performed with apparent success by Jobert, though some of his cases are said not to have been cured. The operation consists in paring the edges of the wound by a bistoury, then placing between them a fleshy layer, cut from the labia majora, or from the nates, and maintaining these together in a proper position until they have united. This is effected by applying sutures by means of a catheter introduced into the urethra. The division of the pedicle of the fold is not performed by M. Jobert until the thirtieth or fortieth day after the operation.

Obliteration of the Vagina has been proposed by M. Vidal in some cases, by paring the edges of the vulva, and maintaining its edges in contact by sutures. As the accident generally occurs in childbearing-women the proposal seems extraordinary, although M. Vidal has performed it only in those cases where other means have failed. The operation, however, I believed has failed to accomplish even the effect proposed.

Setting aside the doubtful results of some of the above operations, there are many women who, suffering from the results of vesico-vaginal fissure to a very serious extent, are still resolutely opposed to submit either to the use of the caustic or the knife. Hence it becomes still more a desideratum to find some palliative means of affording at least temporary relief in such cases, and vari-

ous methods have at different times been employed to effect that purpose.

In the year 1835 I was impressed with a notion that the caoutchouc cloth might be adopted as a mechanical remedy in cases of this description; and in a small work which I published at that time I mentioned my intention of trying it should I meet with an opportunity for doing so. It was not, however, until the commencement of 1839 that a case fell under my notice, and on further consideration I thought that the simple India-rubber bottle might even be preferable, owing to its elasticity.

The aperture forming the communication between the vagina and neck of the bladder is occasionally large, and the intention of the instrument, therefore, would be, that it should effectually form a partition or complete plug between these two organs, thus preventing the constant flow of urine through it, and the consequent great irritation, inflammation, and thickening of the callous edges.

The apparatus consists of a common India-rubber bottle, of moderate size, but free, if possible, from those lines and ornamental tracings which are placed on some, as these render them more liable to burst on distention, owing to the unequal thickness. It should be of a pyriform shape, without any shoulders or sudden bulging out from the neck or stalk of the bottle, as the latter form interferes with the ready extraction of the instrument when required, or at least occasions unnecessary pain in removing it. To the neck of the bottle is attached a mount, containing a female screw, at the side of which is a small stop-cock. Mr. Weedon, the instrument-maker, has since suggested, and I think properly, that the air-valve now commonly used in the Macintosh cushions, &c. would be better adapted for the purpose. The other portion of the apparatus consists in a small *condensing* syringe, of the shape and size of the common breast-pump, the distal end of which terminates in a male screw, corresponding with the one attached to the bottle. The latter being well oiled or larded, and the air pressed out of it, is folded longitudinally, and carefully passed up into the vagina, until the lower end or mount is at the vulva. A certain portion of air is now *drawn up* into it by the simple removal of pressure, but it is not sufficiently distended till the condensing syringe is fixed and a few strokes of the piston used. The number required must depend on circumstances, but will soon be known by the patient complaining that the further distention begins to give pain. The stop-cock is now turned, the syringe disengaged, and a napkin applied to the vulva, fastened as usual.

Some inconvenience may, of course, be occasioned at first by the use of the instrument, and if the parts be in a very irritable state

much pain may accompany it, but this is to be obviated by complete rest, the use of the hip-bath, and by warm vaginal injections. The bottle is to be removed for a short time every evening, previously allowing the air to escape by the stop-cock; the vagina is to be gently syringed out with warm water, and the bottle, after being washed, is to be replaced. It is, however, much better to be provided with two or even three bottles, which should be used alternately, as the heat and urine acting upon the caoutchouc constantly, render it more likely to burst or wear out. An oil-skin covering, adapted to the shape of the bottle when distended, and changed occasionally, will aid much in preventing the action of the urine on it. The comfort resulting from the use of this instrument is soon perceived, as it prevents that constant flooding of water which had previously taken place, excoriating the parts, and rendering the bed and clothes almost unfit for use.

Although I have not found the frequent use of the catheter required, still at the commencement of the treatment it might be advantageous to combine it if there should be any difficulty in passing urine by the natural passage.

After I had commenced the use of this instrument, a medical friend to whom I mentioned it, thought he recollected a somewhat similar mode of treatment described in one of the early volumes of the "*Medico-Chirurgical Transactions*." On searching through them I found in the sixth volume a report in 1815, by Mr. Barnes, surgeon to the Exeter Hospital, in which he recommends, on the suggestion of an eminent London surgeon, Mr. G. Young, the use of "a gum-bottle of suitable size, to one side of which a piece of sponge, flat, and of the size of a dollar, is previously sewed, to cover the aperture into the bladder, and that the patient, by introducing a finger into the vagina, and compressing this, might at proper intervals allow the urine to pass. This answered for two hours, but if the urine was not then removed by the catheter it oozed out by the wound. The catheter was, therefore, introduced every two hours during the day, and kept in constantly during the night, the bottle being withdrawn till morning." One case seems to have been cured by the use of the above instrument in the hospital, at the expiration of nine months, the catheter being employed several times in the twenty-four hours, up to the end of that period. Two cases were uncured, and in two others, owing to the narrowness of the vagina, it was considered needless to attempt its employment.

Now, in hospital practice, where the patient is constantly under the eye of her medical attendant, and can enjoy complete rest, this plan may succeed; but, still, I have considerable doubts whether the success might not, in the above case, have depended

in a great measure on the repeated use of the catheter during the day, for nine months, and its constant employment at night.

But with those patients who from circumstances cannot or will not benefit by a residence in a hospital, with such advantages attendant upon it, for months together, it would not be likely that such good effects would arise from the above plan as resulted in the first case; for so frequent an use of the catheter by the medical attendant would be attended with much trouble, and even were the patient taught to introduce it herself, little reliance could be placed upon her using it properly for so long a period.

As this untoward accident happens, too, generally in the lower ranks, where the female is obliged, if at her own residence, to undergo some fatigue, and perhaps hard labour, in order to aid in gaining a livelihood, absolute rest for a lengthened period would be almost impossible.

In the two undermentioned cases it will be remarked that the catheter was not used (except once, when there was retention of urine for eighteen hours) during the treatment, although I have no doubt that had circumstances permitted it, great advantages would have been derived from its occasional employment at the commencement of the treatment. Each of the patients had likewise to walk a considerable distance to work, besides attending to her domestic duties, which circumstances militated materially against the curative process.

Desault had formerly recommended the use of a gum-bottle, filled with cotton and coated with elastic gum, in this complaint. Others, again, used *cork*, or wax, of proper form, &c., but on a trial of these it will be found that if of sufficient dimensions to plug up the aperture, their introduction or removal from the vagina is attended with very great difficulty. In the case of Mr. Barnes the urine ran off at the expiration of two hours, unless the catheter was again introduced, and it does not appear that the urine ever passed by the natural passage without mechanical aid.

To prove that the caoutchouc bottle alone was not sufficient to effect the object desired it will be observed that in the second case the slightest defect in the stop-cock completely did away with any good effect, and I therefore look upon the power of distention in the instrument as one of the essential means of treatment. The daily removal of the instrument after passing urine, and washing out of the vagina, will likewise allay inflammation and prevent the accumulation of any irritating secretion about the affected part.

CASE 1.—A young woman, *ætat.* 24, applied to me, in the year 1839, with vesico-vaginal fissure. She had been delivered of a still-born male child in 1833, after a very lingering labour, during which the urine collected in the bladder; inflammation and

sloughing of the vagina occurred, and vesico-vaginal fissure was the result. The urine escaped in large quantities, and the parts, owing to this circumstance, were in a constant state of inflammation. She had, at various times, had severe fits of illness, the result of the affection, and from being originally a strong robust girl she became emaciated and hysterical, was not able to walk in an upright posture, but suffered agonising pains about the vagina, back, and loins, with a constant sensation of dragging and forcing down at the lower part of the abdomen. She had, she informed me, attempted several times to enter into service again, but her sufferings had prevented her keeping any place for more than a very short period.

In March, 1837, she was admitted into one of the London hospitals, and was operated on by an eminent surgeon. She is unable to describe the nature of the operation, but says that it was one occupying a long time, and of a most painful nature. For the next month, during which time she kept her bed, she was much benefited, and could pass her urine by the urethra, very little escaping by the vagina. On getting out of bed, however, at the end of the month, the adhesions immediately separated, and she became in as bad a plight as ever.

In June, 1838, she entered another hospital. Whilst here, a gum-elastic catheter was kept constantly in the bladder, different lotions were injected into the vagina, and medicine was given internally to improve her general state of health, which was much out of condition; but no benefit whatever followed this treatment. A *large sponge* was then kept in the vagina, but as this soon became saturated with urine, she says that it increased the pain without being productive of any corresponding benefit.

In March, 1839, I commenced the treatment with the India-rubber bottle. There was at this time a large aperture in the neck of the bladder, about an inch long, through which almost all the urine escaped. The surrounding parts were inflamed and exceedingly tender to the touch, owing to the constant irritation produced by the flow of urine over them. The patient had an emaciated and anxious countenance, and there was constant bearing down and a sensation of forcing about the vagina. She suffered increased pain at the catamenial periods, but this discharge was very irregular, both as to time and quantity. Her sufferings she described as intense, and without much remission; to such an extent, indeed, did they reach, that she confessed she had more than once resolved on self-destruction.

April 8, 1839. She has now worn the instrument three weeks. Very little urine flows per vaginam, but it is passed voluntarily by the urethra; when the forcing sensation above described is felt however, she cannot

pass her urine easily, but at other times she has tolerable command over it. She says she feels more easy, and has more comfort at present than at any other period within the last six years, excepting the month after the operation described. She is now able to walk daily from Somers-town to an upholsterer's in Holborn (where she has obtained employment), and back again, without any great difficulty. No pain is produced by the action of the bowels if they are not confined, but if hardened *faeces* pass, a feeling of great forcing and bearing down is the result. Castor oil relieves her, however, at these times. She describes that the introduction of the instrument at first occasioned her great pain, but it is now very much diminished. She takes the apparatus out every evening, and after washing it, and injecting the vagina with warm water, she immediately re-introduces it. The condensing syringe is used till she feels the distended bottle produce a sensation of tightness. She is now able to walk for a long distance on even ground, but going up or down stairs tries her much.

April 25. The catamenial discharge has again re-appeared, and during this time she was unable to continue the use of the instrument, the forcing pains were so great. Directly after the termination of the period, however, she again introduced the bottle. She says that even during the two days when the instrument was not worn, very little urine passed by the aperture, but she had not the full power of passing it by the urethra, suffering indeed, from its retention. She now feels much easier and is more cheerful, evidently, than formerly. There is still considerable irritability about the bladder, and the patient is obliged to pass her urine every two hours, but it is by the urethra.

Up to June 24th she had improved in health and strength so much, that she had undertaken the situation of cook in a family, had gained flesh, looked very well, and since April the catamenial discharge had taken place regularly. She had even engaged herself to be married, and from feeling so much better had ventured to go without the instrument for several days together, on one of which she had walked to Greenwich fair and back, accompanied by her lover. This imprudence, and perhaps *others*, produced a bad effect. Since this time she has complained of severe pain, and for the last two or three days there has been an escape of urine by the vagina in small quantities, tinged with blood, but the principal part still passes by the urethra. She suffers much pain whilst sitting down.

July 5. Notwithstanding the above relapse she has continued to over-exert herself in lifting heavy weights, &c. She complains of great pain and cutting sensation about the region of the bladder, and this is much increased on pressure. Her present visit

was owing to retention of urine for eighteen hours; the catheter was therefore passed. She returned home, and kept her bed for seven days, fomenting the parts frequently, and taking an opiate every night to relieve the pain, which was severe.

On the 6th the urine again escaped freely from the vagina, mixed with blood, and soon after was accompanied by a purulent discharge. As she complained of intense headach, and had a full strong pulse, a small quantity of blood was abstracted from the arm, which relieved her much. She still attended occasionally as out-patient at St. Giles's Infirmary, as she lived too far off to be visited. The instrument was again used, but there was now always more or less pain, and a constant discharge of purulent matter, occasionally tinged with blood. During the time that the instrument was in the vagina she could pass her urine voluntarily, but not when it was removed, as was the case formerly. She is obliged to go occasionally for some hours without it, and the water then runs off *per vaginam*. The vulva and thighs are much chafed.

August 10. She has again taken work as a sempstress in Holborn, and persists in walking thither from Somers-town and back daily. Is much depressed in spirits, and has again relapsed into a bad state of health. At this time she went into the Middlesex Hospital with erysipelas of the head and face, and remained there a month.

Sept. 15. On leaving the hospital she again applied to me, and as I found that she was evidently suffering from strong inflammatory symptoms, and yet persisted in using a great deal of exertion, refusing to come into the infirmary, where she could be under my constant inspection, I recommended her strongly to try and gain admittance into an hospital again. She accordingly entered University College Hospital, under the charge of Mr. Quain. By the use of the speculum, the fissure was discovered to be of considerable extent at the neck of the bladder, and as there was much local inflammation, she remained under treatment some time, in order that it might be subdued. An India-rubber bottle of larger size was then introduced, but it occasioned great pain and a return of the inflammatory action. This was likewise subdued, the instrument again used, and the effects were as beneficial as before, she leaving the hospital after some time very much improved both as to the power of retaining her urine and of passing it by the urethra.

She called on me in the commencement of December to say that she was now quite well, suffered no pain, could retain and pass her urine at will, and was going into another place. Her looks were very much improved and her spirits high.

I met her about six weeks after this, in the

street, and she still gave the same good account of her state.

I had lost sight of her altogether until a few months since, when she called on me and informed me that she had been living in the country for the last eighteen months, had married, and had become pregnant twice, but miscarried. Her ruddy complexion and robust form bespoke perfect health, and she says that her former ailment does not trouble her.

In this case there were great difficulties to contend with, owing to the patient being very intractable, persisting in using great exertion, and taking long walks, at the very time when she ought to have been enjoying complete rest. Her state of health, too, latterly became much deranged, dependent, to some extent, on mental causes. About six years had elapsed between the time of the accident and the commencement of her treatment under my care, and during the whole of this period she had been in a constant state of suffering and ill health. It was, therefore, apparently a very unfavourable case in which to make trial of any palliative mode of treatment. The patient was seen frequently by Mr. Burgess and Mr. Wells, at the infirmary, and by other medical friends.

CASE 2.—M. R., ætat. 28, residing in Bull and Gate-yard, High Holborn, was delivered, Dec. 26, 1839, by the crotchet, of a very large child, after a tedious labour. Secale had been administered by the midwife repeatedly, although the patient had passed no urine for several hours, the bladder being much distended until the catheter was introduced previously to the employment of the perforator. Partial paralysis of the bladder followed, and continued until the middle of January, when a large slough separated from the vagina, leaving an aperture into the neck of the bladder, through which the urine escaped almost as quickly as it was secreted. The patient's health soon became affected to a considerable extent; she complained of great weakness and feeling of numbness in the lower extremities; of violent pain and dragging sensation about the back and loins; spasms in the lower part of the abdomen; and she became much emaciated in appearance. The urine ran off by the vagina constantly, saturating her clothes and the bed, so as to make the room, from its offensive odour, most unpleasant to her relations. In February the caoutchouc instrument was employed, and the large escape of urine was at once arrested, a small quantity only escaping by the aperture, the patient now being able to pass the remainder through the urethra, but only whilst in a kneeling posture. After wearing the bottle for some hours, however, it was found daily that the urine escaped freely by the vesico-vaginal aperture again; the cause of this was not for some time discovered, but at length was found to depend

upon the imperfect construction of the stop-cock, which allowed the air to escape, although very slowly, and thus occasioned a partial collapse of the bottle, preventing its perfect adaptation to the aperture. The defect was soon remedied by Mr. Weedon's employing a superior workman to manufacture this part of the instrument.

The patient continued to complain of great pain in the back for several weeks, and was not able to walk in the upright posture, but stooped considerably. The bowels were very constipated, seldom acting without the employment of aperients. By the month of May she had gradually improved in every respect, and has been able to resume her work, walking to the city and back again, sometimes without wearing the instrument. She is able, however, to walk as well when it is introduced, as without it, it causing her no inconvenience. The catamenial discharge has latterly been quite regular.

June 1. The patient reports that her health is excellent, she sleeps well, suffers no pain, and there is little urine passed except by the urethra; none, in fact, runs off provided she takes care to void it at proper times, and even when pressed by a strong desire to micturate, she can retain her water for above half an hour very well. When the instrument is removed, she can now pass her urine easily in a full stream. Does not now suffer to any extent from the bearing down; feels much better, can perform her household duties, and go up and down stairs, without pain, which was formerly distressing to her on similar occasions.

July. Reports herself as feeling better than ever since her accident; there is no irritation or smarting about the vagina or vulva; and she now requires no aperient medicines.

On a subsequent occasion, by examining with the speculum, a very small aperture was observed, and touched with the nitras argenti. I was in great hopes at one time that I should have been able to report this case as completely cured. The patient, however, is able to leave off the use of the instrument at intervals, and finds that the passage of even a small quantity of urine is controlled by its use. There has been a predisposition to prolapsus uteri since the time of the accident, and owing to this, as well as to an occasional small escape of urine per vaginam, she continues the employment of the apparatus. In order to show the comfort she has experienced from it, I may perhaps be allowed to mention that in one of her visits to the instrument-maker, to obtain a new bottle, she declared (as he informs me) that she would rather go without food for a time than be deprived of the use of the instrument. Those medical friends who saw the patient formerly, and after the lapse of a few months, remarked her great improvement in appearance, health, and spirits.

CASE 3.—E. W., ætat. 28, was sent to me by Mr. Hillas, of High Holborn, in February, 1842; she had been confined in the country, in Dec. 1840, after a labour of twenty-four hours' duration, during which period she had passed no urine. The perforator, by her account, had been employed to effect delivery, but without the previous use of the catheter. Within three days after, a large quantity of urine escaped suddenly by the vagina, a slough passing with it; and since that time she has been unable to retain her water. She had been examined about a year after the accident at one of the London hospitals, by a surgeon and the physician-accoucheur, but nothing particular was done for her, and after a short time she was discharged.

On examination a very small opening was detected in the cervix vesicæ. She suffers occasionally from dragging pains in the back and loins, but they are not of an intense nature. The catamenia did not appear for five months after her labour, but latterly she has been quite regular in that respect. She commenced the use of the instrument immediately, and in the course of two months called on me to say that she was much more comfortable, as before its employment she passed very little urine by the natural passage; whereas, at present, a small quantity only escapes by the vagina; there is no pain in that part, and although she is in service, and obliged to perform laborious work, she suffers very little.

Mr. Hillas informed me lately that the patient had been able to discontinue the use of the instrument, and continued much better.

The great difficulty I have experienced as to this apparatus is in obtaining caoutchouc bottles of the proper pyriform shape, and with a plain surface. Any irregularity in its substance renders it more liable to give way after using it a few weeks, especially as the urine is constantly acting on its surface. As I have before said, I think that an oil-skin covering, adapted to the bottle when properly distended, and changed frequently, would obviate this difficulty to a great extent.*

One essential point is to subdue the local inflammation as much as possible before using the instrument, and, if much pain be experienced after its introduction, to remove it occasionally and syringe the canal with warm water repeatedly; this, combined with

* Dr. F. Bird mentioned in the Westminster Society, during the discussion which followed the reading of the paper, that he had recently known of a case in which the caoutchouc bottle, used as a pessary, was shielded from the action of a gonorrhœal discharge by a coating of wax, which answered the purpose, and allowed of the use of the same bottle for a considerable time.

perfect rest, low diet, and cooling aperients, will in a short time enable the patient to resume its use without much trouble.

The instrument should always be removed once daily, and the vagina well syringed, so as to prevent any collection of mucus or irritating matter. If possible, it is better to have a second bottle, using it on alternate days, allowing the one removed to remain in water for a time, and then to be exposed to the air until again required.

I some time since reported to the society that I had found the above instrument very convenient and useful as a pessary, especially in the cases of married women, owing to its easy introduction, and removal at night, the contrary being an objection to which the common ball-pessary and some others are liable.

RARE PARASITE IN THE HUMAN LIVER AND PORTAL VEIN.

The fasciola hepatica or *distoma hepaticum*, though often met with in the liver of ruminant animals, is seldom found in the human subject; and in those cases in which its presence has been verified, it had till lately been seen only in the gall-bladder and biliary ducts within the duodenum, and a few other parts of the intestinal canal. Rudolphi denied that it ever inhabited the veins; a recent case, however, proves the incorrectness of such an assertion.

M. Duval, demonstrator of anatomy in the medical school of Rennes, had in April, 1840, a subject for demonstration in a man about forty-nine years of age, a tiler by occupation, who had died in the Hôtel Dieu of Rennes, after a very brief medical treatment there. The vessels not having been injected, they remained, of course, as well as the viscera, in the same condition as at the moment of death. M. Duval had demonstrated the mesenteric and splenic veins, and was proceeding to speak of the vena porta, when, placing his finger on that vein, he distinctly felt something beneath move away from his pressure.

He announced the fact to his class; and on carefully opening the porta discovered, in the midst of some fluid blood, a distoma hepaticum of large size. Proceeding with his investigations, M. Duval brought to light two other parasites of the same species in the sinus and sub-hepatic portion of the portal vein, and several more in its ramifications within the liver. In all five or six were found. The parietes of the porta and its branches presented no trace of inflammation or erosion, and the liver was healthy. The entozoa in this instance were of larger size than those usually found in the human bile-ducts. None appear to have been discovered in other parts of the viscera.—*Gaz. des Hop.*, Suppl., Dec.

DROPSY OF THE OS UTERI.

UNDER this name M. Jobert describes tumefaction of the mouth and neck of the uterus, which most frequently occurs among women of a lymphatic temperament, being, according to his observations, confined to those who have never borne a child, and who menstruate but feebly. Examined by the aid of the speculum, the os uteri is seen to be so much swollen as almost wholly to conceal the orifice, and it gives on pressure a sense of fluctuation. It is uniformly pale and flabby, and may sometimes be ulcerated, but it is not in general organically diseased. On carefully introducing a bougie through the orifice, a quantity of transparent, flocky, light-coloured fluid usually escapes from the cavity of the uterus; and, at the same time, the neck and mouth become relieved of a portion of their tumefaction. This event may happen consequent on a spontaneous discharge of the fluid, and always attends more or less the recurrence of the menstrual discharge. The cause of the affection has been attributed to a distention and superabundant secretion of the glandular follicles of the neck and mouth of the uterus. For its treatment after the evacuation of the contents of the uterus, M. Jobert advises free incisions to be made in the os uteri, in the direction from centre to circumference (*dans le sens des commissures*). The granulation of the wounds thus made, produces concurrently, as he says, an enlargement of the orifice of the uterus, which effectually obviates a return of the disease.

REMARKABLE CASE OF CONGENITAL SMALL-POX.

A WOMAN, twenty-four years of age, entered the Maternity Hospital in Paris to pass her first confinement. Labour commenced two days after her arrival; and after the lapse of fourteen hours (*jours*, says the original, but this is evidently an error) she was delivered of a female child. The face, scalp, and different parts of the child's bed were covered by a pustular eruption, which was soon recognised to be veritable small-pox. The mother retained the marks of vaccination, and stated that she had never had the small-pox; nor during her pregnancy had she had any connection with persons suffering under that disease, nor even heard of its prevalence in her neighbourhood. Only, about eight or ten days before, she had gone to see a patient at La Pitié, near whom lay another patient in the small-pox. She had paid no attention to this circumstance till recalled to her recollection by minute inquiries. No untoward effects ensued, either to mother or child, and both left the hospital in perfect health soon afterwards.—*Bulletin de l'Acad. Royale*.