

provement took place until a similar effort was required some days afterwards, when he suddenly ejected six ragged calculi, exact counterparts of those that had been already removed. The stream at once improved, and the bladder could be emptied in the natural time. The wound now speedily healed, and the patient was quickly restored to health.

The interest which attaches to the above case is mainly in reference to the continued bleeding after the stricture was split, and the alarming and profuse hæmorrhage immediately the operation by incision in perineo was commenced; and as it was far greater than I had ever seen before, even where the artery of the bulb had been divided, I was anxious to ascertain the reason. Mr. — informed me that upon one occasion, while he was abroad, he nearly lost his life from hæmorrhage, the result of a blow in the perineum, caused by being thrown on the pommel of the saddle, and at another time his sword became entangled between his legs, and a similar alarming hæmorrhage followed. Whether this was an indication of that diathesis termed hæmorrhagic, or whether the vessels which were violently contused had never recovered their contractility, is difficult to determine. Supposing, however, the artery of the bulb had been wounded (which is very probable considering the situation of the calculi), it would not, in my opinion, be followed by such bleeding as was met with in this case, for in less than a minute he lost a quantity of blood that prevented the completion of the operation. The calculi were exceedingly irregular in shape, of the uric-acid variety, and situated in the sinus of the bulb.

Savile-row, March, 1866.

A CASE OF TWIN PREGNANCY OCCURRING TWO YEARS AFTER OVARIOTOMY;

ATTENDED WITH ABNORMAL DEVELOPMENT OF ONE OF THE CHILDREN.

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FOR this interesting case I am indebted to the kindness of my colleague, Mr. J. Cholmondeley, who attended the lady in her labour. The following is a brief history of the case:—

Mrs. H— became the subject of ovarian dropsy after the birth of her first child (Nov. 1861). Three weeks subsequently she was tapped, and two gallons of fluid removed; again tapped June, 1863. In the following August she became Mr. Cholmondeley's patient, and at that time was suffering from ovarian dropsy, associated with pregnancy, the abdominal distension being so enormous that she aborted Aug. 7th, 1863, at about the fifth month of gestation (twin boys). On the 27th of the same month she was, after consultation, again tapped; but again increasing in size rapidly, it was determined to remove the ovary, which was done Oct. 28th, 1863, by Sir Wm. Fergusson and Mr. Cholmondeley. The left ovary was found to be the seat of disease, and weighed 14 lbs. She made a rapid recovery. On Nov. 23rd, 1864, about thirteen months after the ovariectomy, she gave birth to a moderately well developed female child, although it was three or four weeks premature: it died seven weeks afterwards of whooping-cough.

The present twin labour occurred Dec. 18th, 1865. The female child represented in the engravings was very rapidly born, but dead, and was found to be without any umbilical cord. The other twin, which was not deformed, presented the vertex, and was born living soon after, exhibiting nothing uncommon. The placenta, which followed in the usual time and manner, was observed to be no larger than that which is common in an ordinary single labour. It was also observed that there was only a single set of membranes, which had included both children. The funis of the second child was inserted near the centre of the placenta. The first child was supported during its intra-uterine existence by a "congeries of small vessels," passing along the membranes to the margin of this same placenta. These vessels were torn across during the delivery, the broken ends *d* and *e* in Fig. 1 corresponding to similar vessels found ruptured upon the membranes.

The first and deformed child "rolled away into the bed" in the labour, and its birth was attended by no hæmorrhage whatever; the second child following so closely after that the twins were born almost simultaneously.

The connecting media between the first-born foetus and the membranes were most carefully observed by Mr. Cholmondeley after labour. He discovered that there was only one set of membranes, which had surrounded both children, and the same liquor amnii was common to both.

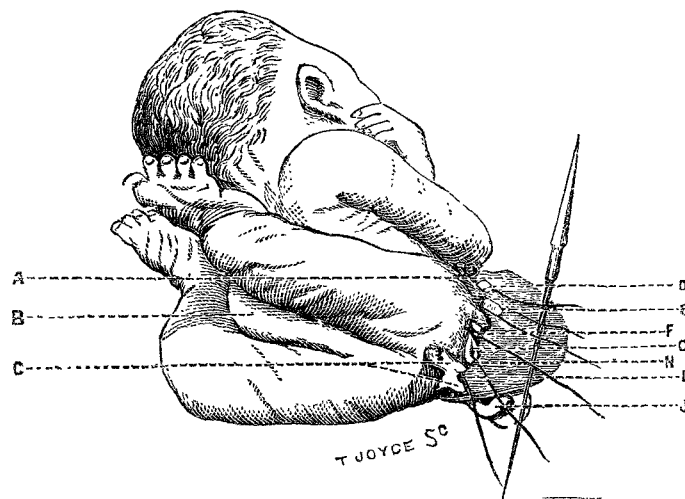
The mother made a good recovery after her labour, and remains in excellent health.

The first-born child presents many points of great interest, and the photographs from which the engravings are taken were made for me by Lee and Wilton as soon as possible after the labour, and faithfully represent it as it was born. Its attitude is that which it naturally assumes when allowed to float in water or lie passively on the table. Dissection was purposely delayed until afterwards, so that the primitive condition of some of the abdominal and pelvic organs might be shown.

A slight dissection of its urinary and generative system has subsequently been made, and may be seen on reference to the specimen itself, a diagrammatic view of which is added (Fig. 3).

Description of engravings.—Bristles have been passed into several of the pelvic outlets and vessels. The situations of the other orifices mentioned below are shown by the dotted

FIG. 1.

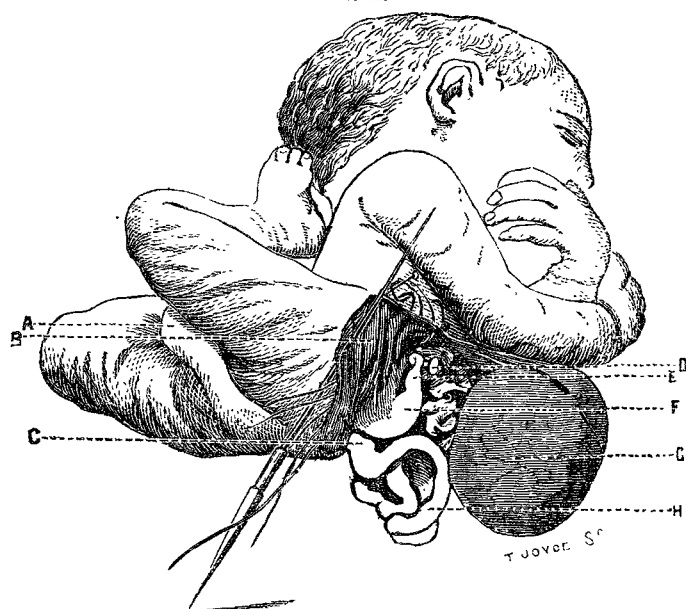


POSTERIOR VIEW.

A, membrane. B, spina bifida. C, tail-like appendage. D, umbilical vein. E, umbilical artery. F, orifice of right urinary system. G, vagina. H, anus. I, orifice of left urinary system. J, intestines.

lines. The lower extremities are seen to be recurved, so that the soles of the feet rest under the occiput. Protruding between the thighs, and projecting from the lower end of the spinal canal, is a spina bifida. The anus, the vagina, and the two urinary orifices are seen to be arranged laterally. The umbilical vessels are seen near the right hip resting upon a membrane, which is continuous with its peritoneum, this membrane being attached only to the right margin of the abdominal cavity.

FIG. 2.

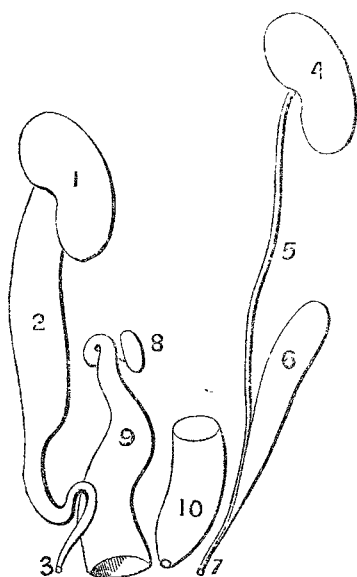


ANTERIOR VIEW.

A, spina bifida. B, membrane. C, rectum. D, ovary. E, Fallopian tube. F, uterus. G, liver. H, colon.

The membrane is raised somewhat, and held back by the steel rod, to show its continuity with the peritoneum, and is the only representative of any abdominal covering. The exposed condition of the liver, intestines, uterus, Fallopian tube, and ovary is represented just as at birth. The uterus is seen here to be one-horned, elongated, and tapering almost to a point, at which the Fallopian tube begins its twisted appearance, much resembling a horn. On the right of the Fallopian tube is the solitary ovary. The ovary and Fallopian tube of the opposite side seem to be entirely absent. There is a small ligamentous band like a round ligament running from near the apex of the uterus towards the right iliac region (which is not shown in the engraving). The head and upper extremities seem naturally developed; and on cutting through the scalp there is an effusion of blood on the parietal bone, showing that it was living in the early part of labour.

FIG. 3.



1, right kidney. 2, right ureter. 3, external orifice of right urinary system. 4, left kidney. 5, left ureter. 6, bladder. 7, external orifice of left urinary system. 8, ovary. 9, uterus. 10, rectum.

The urinary system is exceedingly interesting. The left kidney, having a small but apparently normal ureter, ends in a small viscus, resembling the bladder, which is behind the rectum, and opens externally behind the anus. (Fig. 1, at r.) The right kidney has its ureter enormously dilated, looking like a piece of intestine; this dilatation suddenly contracts to a small canal on arriving in front of the uterus, to which it is inseparably connected; and after winding in the anterior wall of the uterus and vagina, the canal opens at 3, in the natural site of the urethra. (Fig. 1, f.) So that the two halves of the urinary system are in no way connected with each other. In the pelvis the uterus and rectum are interposed between the two ureters: the right urinary track passing downwards in front of the uterus and vagina; the left urinary track passing down behind the rectum, and opening behind the anus, the external orifices being nearly an inch apart (3, 7, Fig. 3, and P, I, Fig. 1).

The pelvic organs of the second twin were naturally developed.

The chief points of interest in the above case are as follows:

1. The separation into two distinct urinary systems—right and left. The attachment of the left ureter only to the bladder.
2. This bladder being placed behind the rectum.
3. The bladder on the right side seemingly supplemented by a dilatation of the right ureter.
4. The shortness of the umbilical vessels; their not being twisted; their rupture near the right hip during the labour.
5. There being only one placenta.
6. Only one set of membranes enclosing the two children, and their both floating in the same liquor amnii, as though there had been only one chorion.
7. The position of this child when in utero, its recurved lower extremities, associated with absence of the usual abdominal parietes and with spina bifida.
8. The absence of one ovary and Fallopian tube in this child.
9. It is particularly interesting that its mother, having only

one ovary, has had three children since Oct. 1863, and that ovariectomy does not necessarily diminish the fertility of the patient.

York-street, Portman-square, March, 1866.

A Mirror OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

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. iv. Proœmium.

ROYAL FREE HOSPITAL.

CASES OF STRANGULATED OMENTUM AND BOWEL,

(Under the care of Mr. WAKLEY.)

THE cases of strangulated intestine and omentum which we present to our readers this week illustrate very well the variety of conditions which so often obscure and complicate this class of disorder. In each there was something which might be called "unusual," but that cases of operation for strangulated hernia are rarely found to resemble each other exactly. And this is not difficult of explanation when we remember the number of parts involved, the differences in the age and sex of patients, the variations in the time during which strangulation may have existed, &c. These reasons, as well as the fact that their diagnosis and treatment may at any moment fall to the lot of any surgeon, render the record of such cases always useful and instructive.

Mr. J. D. Hill, resident medical officer at the Royal Free Hospital, has been good enough to give us an account of the three following cases, which have recently occurred under Mr. Wakley's care:—

1. A man thirty-four years old presented himself at the hospital complaining of vomiting and pains across the belly. He said that his bowels had acted regularly every day. On examination, a mass of enlarged and indurated gland-structure was found in the left inguinal region. He was also affected with balanitis. He was feverish, with a quick pulse, and evident symptoms of distress. Nothing like a hernia could be discovered, but, the gland mass not moving freely, it was thought likely that there might be a hernial protrusion beneath it. Forty-eight hours after admission, as the vomiting and uneasiness showed no signs of decrease, it was resolved to explore the tumour in the groin. An incision through the skin exposed an indurated gland. This was cut through, and in so doing a large vessel was divided, which bled freely and required ligature. Proceeding further with the dissection, it was found that the gland adhered intimately to a hernial sac. Upon this being opened, a little fluid escaped. The sac contained, besides, a piece of omentum in a highly congested state, but no intestine. A stricture existing just below the internal abdominal ring was divided, and the omentum, having been unraveled, was returned into the belly. The wound was closed in the ordinary manner. Perfect relief ensued. All the symptoms subsided, and the bowels acted spontaneously in the course of the night. The wound, however, owing doubtless to the disorganized state of the tissues, was unusually long in healing, and it was five weeks before the man was well enough to quit the hospital.

2. A woman twenty-three years old applied with a swelling in the femoral region, which had been supposed to be an enlarged gland. Constipation of the bowels and vomiting had existed for four days. The swelling appeared suddenly, she said, after lifting a heavy weight. It was evidently a hernial protrusion, and probably omental. The taxis was employed, and after some little careful manipulation, the contents of the sac were returned into the belly, a little fluid apparently taking the lead. Her symptoms rapidly subsided. A pad and bandage were applied, and she left the hospital with directions to get immediately fitted with a truss. Two days afterwards