

ing a tumour, smooth and tense and more or less prominent, directly behind the symphysis pubis, which tumour gradually increases in size and with it the dangers and sufferings of the patient. In the hands of an unguarded or ignorant practitioner, this tumour might be mistaken for the membranes of the ovum, and treated accordingly by puncture as was done in the case under consideration. It must, *a priori*, be thought scarcely possible that such an egregious blunder could be committed, but so it is, and the case, now reported, will compare favorably, and rank side by side with the only three cases I find on record; one will be found at page 202 of Merriman's Synopsis, a second in Hamilton's Manuscript lectures, while the third I cannot at this moment place my hand upon its authority and reference.

I always make it a practice to carry in my pocket-medicine case a female catheter and elastic bougie, that they may be used at a moment's warning; and should manual or instrumental interference become required, the bladder must invariably in the first instance be emptied, and if this cannot be accomplished through the introduction of the metallic instrument, owing to a deviation in the natural course of the urethra, the object will be readily and safely attained by the use of the elastic bougie. A very frequent source of error is in placing too much reliance in the assertions of the patient, that she is making water at every pain, and that there cannot be much, if any, in the bladder. It is certainly true that the womb when in action and pressing on the bladder will cause a few drops of urine to be squeezed out; still it should be remembered that, although the renal secretion is not so active as under other conditions of the system, there is a certain quantity of urine constantly flowing through the ureters, and thus very gradually, though certainly, the bladder will, in the course of some hours, become distended to a degree fraught with present and future dangers.

The distended and prolapsed bladder may not only fill the upper and anterior portion of the vaginal canal, but it has even been seen to protrude between the labia. A little attention to the following few diagnostic points would, I conceive, remove all doubt as to the nature of the case:—the bladder is situated at the anterior portion or wall of the vagina directly contiguous to the symphysis pubis, while the membranous bag occupies nearly the centre of the upper and posterior portion of the canal—near the sacrum—and is encircled by a firm and more or less resisting ring, the os uteri; the bladder imparts the feeling of softness, fluctuation, firmness and thickness, it diminishes and becomes partially effaced under direct pressure; there is an harassing and constant desire to pass the urine, without the possibility of so doing, and pain is experienced when pressed upon with the finger, and more particularly so if scratched with the nail; the membranous bag is much less firm and resisting, and during the absence of uterine action, the head, or presenting part of the child can be readily felt through the membranes, no pain attends pressure with the finger or scratching with the nail; both, the prolapsed bladder and bag of the ovum, become increased in tension and dimensions during the contractions of the womb, to again decrease during the stage of relaxation. Lastly, after a careful comparison of the above distinguishing features, should doubt still be present in the accoucheur's mind, it would at once be removed by the introduction of the catheter or bougie, the urine will be drawn off and the tumour entirely dis-