

timetres long, which was enlarged in a grooved direction. With a pair of forceps the watch spring was seized and removed; it was twenty centimetres long, one millimetre and a quarter broad, and a tenth of a millimetre thick, and doubled upon itself with the "bright" or middle portion occupying the neck of the bladder, and the two ends projecting into the urethra. This position and shape of the spring was explained by the man, who, in order to excite erections and pleasurable sensations, no longer obtainable by titillation, was accustomed to push foreign bodies into the urethra, and to remove them used the watch spring bent into a loop. He put in the urethra one day a "clove of garlic" and while endeavoring to fish it out the spring slipped from his fingers and beyond his reach.

The surgeon, the same day, when he had learned from the patient that the clove of garlic was in the bladder, a fact not communicated by him until the watch spring had been removed and he had recovered from the effects of the chloroform, enlarged the incision, without, however, cutting into either the prostate or neck of the bladder. The capacious urethra enabled the surgeon to introduce his finger easily into the bladder and feel the "clove of garlic," which was fished out with a curette, and measured twenty-five millimetres long and fifteen millimetres in its greatest breadth.

Some inflammatory action involved the perineum and scrotum, but in a few days it disappeared, and the patient made a happy recovery.

#### Successful Ovariectomy Performed in the Fourth Month of Pregnancy, after Rupture of the Cyst and Peritonitis.

By HENRY BATEMAN, F.R.C.S. Eng.

Ovariectomy has now succeeded in so many instances that it has fairly taken rank as a capital surgical operation, offering fairer hopes of recovery than amputations of the limbs. Individual cases of this operation have, therefore, scarcely a claim for separate publication, unless they either occur in some country where it has still to make its way in general estimation, or in which some special circumstance exists to invest it with unusual interest. Such was the case in the following instance.

A married lady, thirty-six years of age, the mother of eight children, first consulted me on the 23rd of last July. On examination, I found her to have an ovarian tumour of the right side, ascites, pregnancy of about three months' duration, and extensive recto-vaginal protrusion. When twenty years of age she had twins; and, after the delivery of the second child, a tumour was discovered in the right iliac fossa, which at first gave rise to the idea that she had a third child. The mistake was soon discovered, and she had a good recovery. From this time the swelling of the abdomen increased very slowly during the next sixteen years, and occasioned almost no disturbance of the system until about a fortnight before my visit. She had then a sudden attack of abdominal pain and tenderness, with sickness and fever, followed by a marked and rapid increase of the abdominal swelling.

The case was full of peril when I was called in,

for although the abdominal tenderness was subsiding, the effusion was increasing. There was considerable difficulty of breathing on lying down, as great restlessness, with scanty and deep-coloured urine, abounding in lithates.

Having suggested the propriety of consulting Mr. Spencer Wells, he saw the case with me and entirely concurred in my diagnosis as to the presence of an ovarian tumour, with free fluids surrounding it in the peritoneal cavity, and depressing the recto-vaginal pouch, and in the existence of pregnancy about the commencement of the fourth month. We also came to the conclusion that the fluid in the peritoneal cavity was ovarian fluid, the sudden attack of pain when I was first called in having been caused, in all probability, by the rupture of part of the wall of a multilocular cyst, and the escape of the contents of a large cyst. Pain tenderness, raised temperature, rapid pulse, dry tongue, and sickness, all pointed to diffused peritonitis, and a condition requiring immediate relief and we agreed to offer the patient the choice of early tapping of the abdomen, or removing the ovary, but recommended the latter, notwithstanding the special risks arising from her pregnant condition and peritonitis.

The patient and her husband consented to the major operation, which was admirably performed by Mr. Spencer Wells, on the 14th of August, in the presence of Dr. Junker, who administered bichloride of methylene, Professor Neugebauer (of Warsaw), Dr. Jagielski, and myself. The tumour, with its contents, and the fluid surrounding it, weighed altogether thirty-seven pounds. There was a general injection of the peritoneum, but no recent lymph. There was some omental adhesion, and one vessel there needed a ligature, which was left in the abdomen. The pedicle was secured by a clamp, and fixed outside the wound, which was united by interrupted suture. Mr. Wells was extremely careful to cleanse the peritoneal sac thoroughly of all ovarian fluid, by repeated sponging, before closing the wound.

The operation was performed a little after 6 p.m., and at 9.30 the patient had a pulse beating 96 in the minute, with a moist tongue and a moderate amount of pain. A scruple of tincture of opium was injected, and fifteen minims given by the mouth, and citrate of potash given every three hours when thirsty, with ice occasionally. The following morning the skin was moist, the tongue clean, and the pulse 94. Barley-water only was administered as food, and the saline and opiate continued as required. In the evening the pulse rose to 100, and there was a good deal of pain in the course of the anterior crural nerve; but the countenance was good, and the patient cheerful. I never found the pulse higher than 94, and four days after the operation it had fallen to 80.

On the 9th of August, five days after the operation, the sutures were removed by Mr. Wells, in the presence of Dr. Glover, who kindly took charge of the case for a fortnight during my absence from town. A large portion of the wound was healed by the first intention.

The bowels were first relieved, after six days, by injection. Just prior to this, and coincidentally with a return to solid food, there was a little vomit-