

thoroughly cicatrized, and the cure complete. Two months afterwards the patient complained that the "falling of the womb" was again troubling her somewhat, and an examination showed the difficulty was due to cystocele. For this, astringents and a Skene's cystocele pessary were used, and from then until the present, the patient has been very comfortable and regained considerable flesh and strength, and her general health has greatly improved.

The main objects of reporting this case are:—The necessity is shown of making a correct diagnosis—a very easy matter truly—also that such unfortunate cases may haply be benefited by an operation under even unpromising circumstances; and that the operation does not require an expert or specialist for its successful performance; and it is also a warning-against allowing the management of pessaries to pass into the hands of patients, particularly such faulty ones as Zwank's, and others of equally bad construction.

CASE OF INVERSION OF BLADDER OF TWELVE YEARS' STANDING.

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C. C., æt. 13, was admitted into the Victoria General Hospital on the 9th day of August, 1890, suffering from inversion of the bladder.

Family history.—Sister has hip-joint disease. Father is now in hospital suffering from vesical calculus.

History of illness.—When patient was about 9 months old she suffered severely from prolapsus recti, which lasted off and on for a year. Having lived in a remote part of the country where the services of a medical man could not be easily obtained, she received no treatment for the trouble. From her birth her urine dribbled away constantly. When suffering from the prolapsus recti and its concomitant tenesmus, a tumor suddenly appeared at the vulva, which did not increase in size with time. It never went away until a month before patient was admitted, when, one morning as she was getting up, it suddenly disappeared, but it returned in the afternoon of the same day.

Present condition.—Patient is emaciated and pale, but otherwise is apparently in good health. On examination, a semi-elastic tumor the size of a large hen-egg, pyriform in shape, is found protruding from the vulva; its base is directed forward, and it is attached by a large pedicle to the arch and rami of the pubic bones. The tumor is very florid and is covered with a grayish gelatinous mucoid substance. There is complete absence of clitoris, meatus and urethra. On the under surface of tumor in the mesial line, near its pubic attachment, a small opening is perceptible, surrounded by a cluster of small tubercles, from which urine dribbles away constantly, and through which a size 10 female catheter-bougie is easily passed to the extent of eight or nine inches and urine withdrawn. On closer examination, a slit-like opening is discovered on left aspect of base of tumor, from which dirty-colored urine is easily drawn.

The abnormal condition of parts interfered with our obtaining urine in quality and quantity, by which we could determine the condition of her kidneys.

Treatment.—On the 13th August I returned the bladder, under an anæsthetic, by gentle digital pressure. The fingers being first well oiled with carbolized oil, the meatus was greatly dilated, large enough to admit two fingers. To lessen its calibre, I vivified the mucous membrane on either side and brought and held the freshened surfaces together with silver sutures, two on each side; then dusted pad with iodoform and applied a pad of cotton wool with a T bandage to prevent recurrence of the inversion. The wound was dressed two or three times a day *pro re nata*.

From the 13th day of August, the day of operation, till the 17th, patient's temperature ranged from 97° to 99½°; general condition fairly good. From the 18th until the 21st, temperature gradually rose to 101°, when she complained of pain in left iliac region. This did not create any undue alarm, as she had a similar pain in same place at different times before. On the 18th, the wires were removed and wound looked well. From 21st till 24th, temperature ranged between 97° and 101½°. On the 25th she fell into collapse; temp. 97½° to 96°; pulse weak and thready; in which condition she remained until the morning of the 26th, when she died.

Post-mortem examination.—Bladder *in situ* and