

the bladder. There was complete incontinence during the next four days. On January 8th she could retain the urine for a short time, although she was not encouraged to do so. The bladder recovered its tone rapidly, and on January 15th, I paid my last visit. On that date she was stronger and cheerful. She was taking a short, daily walk, and did not void urine during the night unless she had forgotten to do so before retiring. There was an entire absence of pain, and patient was gaining flesh steadily.

These two cases constitute the whole of my recent experience of fissure at the neck of the bladder. I have been unable to lay my hands on any extended literature of the subject, and I am anxious to know if this lesion has come frequently under the notice of others, and what their experience has been in reference to treatment. The diagnostic points upon which I relied were, (1) local tender spot with stabbing pain on pressure; (2) the drop or two of blood following the urine; (3) the history of a prolonged labour preceding the onset of the trouble.

The method of cystic exploration through the urethral speculum adopted and carried out by Howard Kelly would appear to be the proper diagnostic method in these cases.

SEPARATION OF THE PUBIC-BONES DURING PARTURITION.*

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Mrs. R— H—, aged thirty-four years, of good physical development, was taken in her fourth confinement early on the morning of March 7, 1893. On digital examination, found her in the first stage of labour. The membranes were ruptured before my arrival, and large quantities of liquor amnii had escaped.

The vertex was presenting; the capacity of the pelvis was ample; the external os was patulous and open.

The internal os was closed and very rigid.

The rigidity was seemingly functional and was thought to have been produced by premature escape of liquor amnii.

The pains were quite severe and regular but did not seem to have any effect on dilatatory of the internal os.

Patient complained of severe pain at the level of the symphysis. Chloral gr. xv. every hour was given but proved of no avail; over-stretching was also tried. An endeavour made to insert index and middle fingers into the internal os, was repeatedly tried with negative results. Enemata of hot water against the cervix also failed.

The pains continued with regularity. About midnight, the case presenting some *unusual difficulty*, requested counsel.

Dr. Devore was sent for, and on arrival, made a careful vaginal examination, concurring in my diagnosis, and recommended a large dose of acetanilid gr. xx. to be given, followed by chloral hyd. and sulphate of morphia to produce sleep and rest. About 1.30 a.m., patient fell asleep and rested well until 5.30 a.m. On making a vaginal examination at this hour, we found the internal os closed and as rigid as ever, patient feeling rested and entirely free from pain. About 8.30 a.m., the pains returned with increased severity, and the child was delivered in less than twenty minutes. The child was alive and weighed about eight pounds.

* Read before the Grand Rapids Academy of Medicine, Feb. 19, 1894.