

Wheelhouse's operation of external urethrotomy. The patient being placed in the lithotomy position, Wheelhouse's staff was passed down to the stricture. A knife was then entered in the mid-line of the perineum, and the bulbous portion of the urethra in front of the stricture was opened, and the edges held apart by artery forceps. There was moderate bleeding, which was soon arrested by sponging with iced water. The director was then passed through the stricture into the bladder; along the groove of this a gorget was passed; from the perineal wound a large silver catheter was passed along the gorget into the bladder, and half a pint of offensive urine was drawn off. A No. 10 silver catheter was then passed from the meatus, and after a little difficulty was introduced into the bladder, and tied in. In the evening patient shivered, after which he turned hot and perspired. Temperature 102.2° .

He passed a quiet night, and next morning there was neither abdominal distension nor supra-pubic pain. The urine had run away freely by the catheter through an india-rubber tube connected with a pan under the bed. Temperature: 10 a.m., 102.6° ; 7 p.m., 99° .

On the 28th the patient looked very ill; the features were pinched, and the mucous membranes cyanotic. At 10.30 a.m. he shivered, and at 11.30 a.m. temperature was 104° ; pulse 125. 7 p.m.: temperature 99.4° . 10 p.m.: temperature 102.4° . Patient was sick through the night. There was no distension of the abdomen, no pain on pressure over either iliac fossa or around perineal wound. The breath-sounds over the chest were harsh, and accompanied by bronchitic râles.

On the 29th, at 9 a.m., profuse bleeding occurred, apparently from the puncture in the bladder per rectum. Lint plugs and perchloride of iron were applied without success. The amount of blood lost was estimated by the house-surgeon at three pints. At 10.30 a.m. Mr. Heath saw the patient and made a compress plug of lint, which stopped the bleeding. At 11 a.m. he breathed rapidly and looked very blanched. Pulse rapid and very weak. He never rallied after this, but gradually sank and died at 7.30 p.m.

Necropsy, thirty-five hours after death.—Rigor mortis marked; body well nourished; wound in perineum dirty and offensive. On opening the thorax, a trace of serum was found in each pleural cavity, also in pericardium. Heart-substance flabby; lining membrane deeply stained with blood-colouring matter; large firm post-mortem clot filling the right heart. Valves healthy. Inner surface of aorta deeply stained with red colouring matter, and flecked with atheromatous patches. The lungs were slightly emphysematous anteriorly; posterior parts of the upper lobes congested. The posterior part of inferior lobe and base on both sides deeply congested, and mottled with livid

spots, with every gradation of inflammation to well-defined abscesses, ranging from the size of a cherry to a pin's head. There was a large number of abscesses, all situate in the posterior surface of the lower lobes on both sides. The liver was rather larger than normal; weight sixty-four ounces; showed nothing special except change of colour from sulphuretted hydrogen. The spleen of normal size, firm, mottled on left border by three patches of congestion, corresponding to patches of firmer consistence; no infarcts; no trace of abscess. The kidneys were normal in size. On section in both a zone of distinct active congestion was seen around the bases of the pyramids, and an occasional fleck here and there in the cortex. The pelvis was full of pale, turbid urine. The ureters perfectly healthy. The bladder was extremely hypertrophied, but comparatively healthy inside. On its outer surface, in recto-vesical pouch, there was some lymph, but no other trace of inflammation. The urethra was pervious; but a quantity of pus infiltrated the spongy portion, half way down into the glans. The wound, very sloughy and foul, led up into a ragged cavity about and behind the prostate. How far this was the result of instrumentation was uncertain, the tissues being sloughy in the extreme. The rectum was deeply stained and abraded by the plugs dipped in perchloride. No point could be discovered as the source of the hæmorrhage. The blood might have come from a pedunculated body like a bleeding pile, which had a clot on its apex. This body was about eight inches from the anus. The rest of the rectum was congested as high as the sigmoid flexure. The trocar wound into bladder was sloughy, and about large enough to admit the tip of little finger. The prostatic veins contained no broken-down clots.—*The Lancet.*

REMOVAL OF AN INTERSTITIAL FIBROID TUMOUR OF THE UTERUS; RECOVERY.

(UNDER THE CARE OF DR. LLOYD ROBERTS, MANCHESTER HOSPITAL.)

The patient was a woman aged thirty-four, the mother of one child (now five years of age). She had always enjoyed fair average health until a year and a half before, at which time she commenced to suffer from menorrhagia; six months later she married a second time (having been a widow for three years), and a month afterwards was seized with severe uterine hæmorrhage a few days after menstruation; the hæmorrhage recurred at intervals, but for the three months prior to the operation it had been almost continuous. The tumour had not been perceived longer than ten months, and had at the time of operation attained the size of a