inches long, and was brought away complete, although very friable. Dr. R. stated that he fortunate enough at the second attempt to grasp the fragment almost exactly at one end and it was easily withdrawn.

Dr. Hingston had removed foreign bodies from the bladder four or five times. Twice a piece of catheter and once a lead pencil in the case of a boy of 12 years. The accident of breaking a catheter in the urethra is always a serious one, and not always easily guarded against when patients catheterize themselves. He related a case where a new bougie had broken and a piece remained in the bladder when used by a physician; after removal the piece was very friable and coated with phosphates. The lithotrite is the best instrument to use in these cases, especially Biglow's form, as it affords a good grip and is not so likely to cut the substance of the catheter.

Dr. Perrigo had two cases, one of a broken catheter removed by Dr. Hingston and one case of a hairpin in the bladder of a woman. The latter had been in some time, for when removed it was thickly coated with phosphates.

A Strange Case in Gynæcology.—Dr. Lapthorn Smith related the following case :—

I was sent for early in the morning of the 1st of October to attend Miss T., who, I was informed, was in great pain from inability to pass her water. I found a pale, rather stout, and short girl, a little over 15 years of age, evidently in great suffering, which I speedily but with some difficulty relieved by using the catheter. There was profuse leucorrhœa, and on attempting to ascertain the cause of the retention by digital examination I was prevented from doing so by the smallness of the opening in the hymen, which I did not feel justified at that time in rupturing. On inquiry I ascertained that she had always enjoyed good health until a few weeks previously, when she came to the city from the country for the purpose of finishing her education, and at which time she had a similar attack of retention of urine. She had menstruated regularly and freely both before and since her arrival in the city, and the flow was accompanied with some pain, but the stoppage of her water on either occasion did not seem to have any connection with her periods. As she was studying more than he health could safely bear, and as she had become very nervous, I advised her to leave off some of her classes and prescribed some nervous sedatives, thinking that the bladder trouble might be merely a sympathetic affection, due to overwork. I heard no more of her until the 12th October, when I was again sent for to draw off her water, of which I took away a large quantity, very pale in color, and with complete relief. Being sent for again eighteen days later I was unable to introduce the soft rubber catheter which I had used before, and was obliged to have recourse to the silver female catheter, which was introduced with great difficulty, and which, though six inches long, barely sufficed to reach to the bladder. The leucorrhœal discharge had now become fœtid and somewhat darker, and I felt convinced that there must be something pushing the bladder up out of the pelvis and pressing on the urethra, and I therefore sent for her mother, whom I intended to come with her daughter to my office for an examination of the latter. By gentle and persistent pressure I succeeded in getting my finger through the hymen, but further progress was immediately arrested by a tense sac almost solid in consistence which completely filled the lumen of the pelvis, and which barely left room for the finger to be squeezed through between it and the symphysis of the pubis. On making a rectal examination, the finger did not go backwards along the hollow of the sacrum, but was carried forward and to the patient's right towards the symphysis of the pubis. Neither by vaginal, rectal, nor even bimanual examination could the uterus be felt, although by the latter method the tumor could be very distinctly felt projecting at least an inch above the crest of the pubis. By this time the patient had begun to suffer very considerably from constant pressure symptoms on the bowel and bladder, and these combined with the excessive fœtor of the discharge, which was becoming slightly colored and containing flocculi or grumes warranted me in thinking the case a serious one and in requesting the opinion of my distinguished elder brethren, Drs. Trenholme and Gardner, which they very kindly granted. Dr. Trenholme agreed with me in finding the pelvis full, but was unable to throw any further light on the question of its nature. He recommended early operation. Dr Gardner was also good enough to examine her at his office, but deferred his opinion until he should have had an opportunity of examining her under an anæsthetic, for which he requested me to make arrangements at her home. On the afternoon of the 10th November she was anæsthetized with a mixture of two of chloroform and three of ether, not having the one of alcohol which should have been in it, and which, I regret to say in my hurry of leaving my home, I omitted to add. The digital, vaginal and rectal examinations did not throw much new light on the case, so Dr. Gardner aspirated a small quantity of sanious liquor by plunging a fine needle into the centre of the growth or accumulation. On removing the needle he, without any difficulty, made an opening in the retention wall with his finger, so thin was it at this point, directly opposite the hymen. A lot of friable, cheesy material mixed with blood oozed through, and after a brief consultation I quite concurred in his proceeding to empty the cavity. This was done partly with the finger, and when that was no longer able to reach high enough,