

travaginal portion of the cervix were found 3 inches above the pubic brim, lying against the anterior parieties: they were small, smooth and not indicative of pregnancy. Micturition was rather frequent, but occasioned no complaint. The woman was emaciated and anxious-looking, with a quick small pulse, and subnormal temperature on admission. The theory of pregnancy was discredited, and the woman was put on digitalis and quinine.

During the next 3 days her condition assumed a hectic type and the tumour wall became slightly less rigid. Her general symptoms became rapidly worse, and it was considered necessary to operate without further delay.

The operation.—On uncovering the abdomen when the patient was on the operating table, a supra-pubic fluctuating swelling appeared for the first time. A catheter was passed but drew off only a few drops of ammoniacal urine, and was not able to enter the swelling. The usual incision being made, the abdomen was entered, and the swelling was found to be the bladder, attached to the free end of the omentum, at the fundus. The catheter was again passed, but without result. The omental attachment was freed, and the tumour lifted bodily up out of the pelvis, when the catheter was made to enter the sulcus of the bladder by some manipulation, and some 6 ounces of pus was drawn off. The uterus now had the appearance of a gravid one. A large fibroid tumour, itself about the size and shape of a 5 months' pregnant uterus, was growing from its posterior inferior segment. Incision into the uterus delivered a 5½ months' foetus, dead but not decomposed. The walls of the uterus were very thick, but the cervix remarkably thin. The fibroid, growing from the posterior surface, and spreading into the pelvic cavity, had lifted the uterus quite away from the hypogastric region. A hysterectomy was concluded, and the woman recovered slowly, suffering a good deal from shock—possibly brought about by the toxic effect on the system from the pent-up pus in the bladder.

The points of interest in the case are (1) the absence of all signs of pregnancy with the toleration of digitalis and quinine by the gravid uterus, and (2) the formation of the sulcus of the bladder due no doubt to the weight of the anteverted uterus causing the cervix to rest on the superior surface of the pubis whenever the patient was not reclining and to nip the upper part of the bladder between it and the bone until it became cut off by adhesions into a closed cavity, the adhesion to the omentum preventing its contraction. I can only imagine the swelling was not apparent earlier, owing to the distensibility of the bladder allowing the sac to dip to one side or other. Lt.-Col. Crawford, I.M.S., saw the case in consultation with me 24 hours previously, and nothing

had been perceived by us, of any bladder distension. Possibly the preparation of the skin overnight—which in my technique includes a boric compress, where skins appear specially pachydermatous (for the sake of my needles)—had something to do with its sudden appearance. The sulcus was above the orifices of the ureters so urine was able to be excreted without any perceptible alteration.

ZINC ROD IN THE UTERUS.

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A HINDU woman, forty years of age, was admitted to hospital on October 9th, 1913, complaining of pelvic pain and of discharge from a sinus in the suprapubic region, for the past eighteen months. The sinus admitted a probe downward and toward the left for a short distance and was surrounded by a considerable area of induration which was quite tender. A similar indurated mass was found in the upper part of the left buttock, from which a purulent discharge had come at intervals for the past year.

On vaginal examination the fundus was found to be fixed to the anterior abdominal wall opposite the inner end of the sinus. The cervix pointed backward and was firmly fixed in its supravaginal portion to a hard ridge which extended downward and toward the left side of the pelvis. By rectum the same mass was felt, close to the bowel and apparently attached to the sacrum. There was marked tenderness and some bleeding from the uterus on manipulation. Under an anæsthetic the sinus in the abdominal wall was enlarged and explored, and at the inner end the probe came in contact with a hard mass suggesting bone or metal. On introducing a sound into the uterus the same thing was felt. The posterior lip of the cervix was then split and after some difficulty the foreign body was removed through the vagina.

It was found to be a zinc rod 5½ inches in length and ¼ inch in diameter, tapering slightly from the middle. It had perforated the posterior wall of the uterus about the level of the internal os, the anterior end passing through the fundus, while the posterior end lay against the left side of the sacrum, under the indurated area in the buttock.

The sinuses were curetted and packed, and recovery was uneventful.

An instrument similar to this is known to be frequently used by *dais* to produce abortions, but no history of its being introduced could be obtained.