

Some time ago, while surgeon of one of the Atlantic liners, I attended a little girl, aged 3 years, who was suffering from retention of urine, following on very painful micturition. She had been vaccinated fully two weeks before coming on board, and the arm then was still swollen and painful. There was a secondary vesicle at the right side of the nose. No urine had been passed for twenty-four hours, except a slight dribble while asleep. On examination, the orifice of the urethra was found to be closed by the swelling from a vesicle situated immediately posterior to it. Cocaine was applied to cause shrinkage and allow of dilatation, but chloroform had to be given ere anything could be done. A small catheter was at last passed and retained, cooling lotions being applied till the swelling went down. Here there was a history of threadworms, which led to the scratching. In this case, as in others I have observed, the child was strumous, which may or may not have been a coincidence.

HYPERTROPHIED HYMEN.

DR. MULVILLE THOMSON (Bradford-on-Avon, Wilts) writes: A few weeks since a young woman, accompanied by a female relative (both strangers to me), came from a considerable distance for advice, the exact ailment not being very evident. After much circumlocution she admitted having recently lost her situation through being suspected of being *enante*; that a young man with whom she was keeping company had acted improperly with her in June last; that she had not been regular since; and that she was considerably stouter in front than formerly. I casually examined the abdomen, which was prominent, and remarked that I had no doubt her mistress's surmises were correct, and that her ailments were due to that state, and she had better make arrangements accordingly—an opinion which did not apparently surprise either the young woman or her friend. However, I suggested her coming to me again in a week's time, when I would examine her more minutely. She did so, and on my endeavouring to make a vaginal examination I found no orifice whatever except what would admit a No. 4 catheter, and even that gave her much pain. The hymen was completely hypertrophied, and apparently as solid as the perineum, from which there was no distinction, the other external organs being likewise very deficient.

A few days afterwards, with the assistance of a friend, I passed in a bent director down to the floor of the vagina, and made upon it, under chloroform, a longitudinal incision, opening into a very fairly-sized vaginal passage. She made an excellent recovery, has since menstruated painlessly, and is now back in her place, much gratified at so happy a termination to her trouble.

A CORRECTION.

DR. SYMONS ECCLES desires to correct an error which occurred at page 1212 in the JOURNAL of December 1st in the sphymographic tracings illustrating his paper. The third diagram of both series, "Example H. After temperature records before abdominal kneading," and "Example B. After abdominal kneading," have been printed upside down.

DR. SOLOMON C. SMITH (Halifax), who has also noted this mistake, writes: For the consolation of your compositor I may add that he sins in good company. A well-known textbook of medicine got, at any rate, to its third edition with the woodcut illustrating its description of a sphymographic trace in an inverted position, much to the confusion of the text. Proof-readers are conversant with many languages, but we can hardly expect them to correct our sphymograms.

RETENTION OF URINE.

DR. JOSHUA PARSONS (Frome) writes: While other cases of retention of urine from mechanical causes are in the memory of your readers, the following—more curious, I admit, than useful—may interest them. I was called to a man, aged 84, suffering from retention. On attempting to pass a catheter I found, in the place of a penis, a round, firm mass about the size and colour of a cricket ball, connected with the pubis by a small, firmly constricted neck. On further examination, I discovered, projecting from this neck, the shanks of two door-keys, the bows of which were causing the constriction. It appears the old man suffered much inconvenience from the rubbing of his clothes against the prepuce, and before going out for a walk had arranged the keys to keep it back. Before his return he was unable to remove them. With much trouble I managed to pass a flexible strip of copper between the skin and the keys, and, after nearly a night's work, to file through the keys on both sides and get them away. No ill effects ensued.

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