matous; the water was escaping freely by the canula, and no other part was at that time infiltrated with air. His appetite was very bad, and he was sinking. On the fourth day, the emphysema up both sides of the body, as high as the axilla, gave exactly the sensations usually observed in extensive injury to the lungs. No emphysema was felt on the lower extremities. His water still continued to come freely by the canula, but it was still impossible to pass the catheter. He died in the morning.

A *post mortem* examination was made, but I regret that I have not the notes of it by me. I remember that the stricture of the spongy portion of the urethra was quite impassable; that the kidneys were extensively diseased; and that, though so much air had escaped out of the rectum, no water had been infiltrated into the cellular tissue about the bladder. I do not remember observing that emphysema from escape of air out of the rectum has been previously noticed as a complication in these cases.

CASE II. G. H., male, aged 26, admitted January 17th. 1856. He was a young man of florid complexion, and apparently of robust health, who said that he had been subject to difficulty in making water, and occasional strangury, as long as he could recollect, and had been affected two or three times with total retention. In one of these attacks, a silver catheter was passed; otherwise nothing had been done for the disease. He knew of no reason for the difficulty of micturition.

On the present occasion, he had made water as freely as usual (though, as usual, only in a small stream) at six o'clock in the morning; but had since that time been totally unable to pass any water. He either did not know or would not tell anything more about the history of the complaint.

On admission (in the morning), he was complaining of great pain. The bladder was greatly distended, reaching as high as the umbilicus. Instruments of various kinds were tried, but were arrested in the membranous portion of the urethra. In one of these attempts, it appeared that a false passage had been made. Repeated warm baths and full doses of laudanum were also administered (he took about 3iij of tinct. opii during the night), but without any benefit. He suffered from excessive pain during the night, and the distension of the bladder continued to increase. In the morning of the 18th, it was determined to put him under the influence of chloroform, and endeavour again to pass a catheter; should this fail, then to introduce a trocar from the rectum. This latter was accordingly done, as no instrument could be made to pass along the urethra; the point always turning up the false passage. Fifty-two ounces of water were drawn off, to his great and immediate relief. The canula was kept in for six days, as it caused no inconvenience; and, on the last of these days, an instrument was tried, but did not pass. The water, however, had begun to come *per urethram*, and the trocar was accordingly withdrawn. No further attempts have been made to pass the catheter; no water has passed by the rectum since the removal of the canula; the stream has gone on gradually improving, and is now of about the size of a No. 4 catheter. His health is perfect.

Original Communications.

CASE OF TWINS, WITH REMARKABLE COMPLICATION.

By J. BIRCHENALL, Macclesfield.

THE following somewhat unique occurrence in obstetric practice will, I presume, be not devoid of interest.

CASE. At eight o'clock on the morning of the 3rd inst., I was called to Mrs. P., aged 35, a plump healthy looking woman, of bilious-sanguine temperament, rather short of stature, in labour of her sixth pregnancy. She stated that

she was not at the full period of utero-gestation by three or four weeks, but that she had taken a brisk dose of black draught on the previous day, and that, towards bedtime, the membranes had given way, and the fluid contents had been slowly evacuating through the night, with distinct uterine pains; that these had suddenly increased in frequency and force at the time I was summoned; and that, fearing (from the expeditious termination of her former labours) I should not be in time for the delivery, she had been endeavouring to suppress them until my arrival.

On examination, I found a breech presentation at the inferior aperture; but, as the pains had suffered some remission, owing to the coldness of the atmosphere and the state of mind of my patient, no progress was made for half an hour or more, when a smart pain effected the expulsion of the lower extremities. The delivery of the body by the natural efforts slowly and gradually succeeded as far as the shoulders, when I discovered that there must be some mechanical impediment to its further progress. With some difficulty, I passed my finger round the right arm, which was lying towards the left sacro-iliac symphysis, and brought it forward; but experienced a much greater difficulty in reaching the left arm, and especially so in its liberation. As the occiput could not be felt by the finger, and the life of the child, up to this stage of the proceedings, was well maintained, I waited a short time for the descent of the head; but, as the natural efforts caused no change in its position, I proceeded at once to explore its outline, when, to my surprise, I found, parallel with the neck, a round resisting body, occupying the cavity of the sacrum, which proved to be the head of a twin foetus. On passing my hand around it, I ascertained that the occiput of the first child was resting upon the pubes, its lower jaw being driven forwards; and as there was ample pelvic capacity, and what I deemed a sufficient interspace, I attempted to return the head of the second through the superior aperture: in this, however, I was opposed by the compressed state of the uterus. I therefore withdrew my hand, to deliberate as to the course to be pursued in this emergency.

I was explaining to my patient, and to the nurse in attendance, that the case was one of twin complication, which indicated the expediency of a second opinion, when the recurrence of pain induced me to pause in my instructions for this purpose, and to pass my finger up to the head of the second child. As I now perceived that a slightly rotatory motion was given to it by the uterine contractions, I immediately ruptured the investing membrane, which was of considerable tenacity, giving issue thereby to a small quantity of liquor amnii; and encouraged my patient to hope that there would be a solution of the difficulty by a natural process. In this, happily, I was not disappointed. In the course of some ten minutes more, the pains, aided by strong bearing down efforts, led to the expulsion of the head; the delivery of the first child—a still-born female—was then readily and promptly accomplished; and by two or three pains more, the twin—a male—was expelled. Both were of the full average of an eight months' development. There were no obvious manifestations of vitality in this latter case; but as the pulsation of the heart had not yet ceased, I had recourse to the usual means for its resuscitation, until, as there was no spontaneous respiratory effort, and the motions of the heart could no longer be distinguished, I was obliged to relinquish my endeavours, and to wait for the extrusion of the placenta, which occurred in a few minutes more, in the ordinary conduplicate formation; the term of my engagement not exceeding two hours from its commencement.

I may just observe, in conclusion, that there was but little difference in the relative dimensions of the twins; the length of the body in each averaging eighteen inches; the occipito-frontal circumference, twelve and a half inches; and the vertical, measured from the one meatus auditorius to the other, seven and a half; and that the facial aspect, in both instances, was in the direction of the sacrum.