

fourth and fifth of hernia testis; a sixth of obstructive disease of the larynx, for the relief of which laryngo-tracheotomy was first performed, and, secondly, premature labour was induced, with success.

Pain in Bone.—The patient, a female, about forty years of age, had suffered for more than a twelvemonth from pain in the upper part of the left humerus below the head. The bone was thickened, and tender on pressure, and the pain rendered her existence miserable. In these cases Mr. Maunder operates on the principle of relieving tension, and from that point of view he first bored half way through the humerus with a drill, subcutaneously. The pain vanished, but recurred after the expiration of thirty hours. After a few days he bored through the whole thickness of the humerus, but relief was not permanent. No ill effect, no suppuration followed. The trephine was now used, and a portion of the wall of the bone removed, with permanent relief to pain, and the patient is quite convalescent.

Separation of lower Epiphysis of Femur.—The subject is a lad, twenty years of age, who slipped, and found himself on his back, with the leg bent upon the thigh, and he unable to straighten it. As he lay upon the bed, the limb had a position of genu valgum; he could flex the thigh slightly on the pelvis, and in doing so the knee-joint appeared to be higher up the thigh than usual. On examination, however, the condyles of the femur, head of tibia, and patella held their normal relations, and the loss of continuity corresponded to the junction of the condyles with the shaft of the femur. A soft crepitus was readily elicited. Was the injury caused by muscular action?

Separation of Epiphysal Head of Femur.—The patient, a lad fourteen years of age, received a blow upon the front of his thigh, and fell upon his hip. He walked home, some hundred yards, leaning on the shoulder of a comrade. On examination, the limb was rotated much outwards, shortened to the extent of from half to three-fourths of an inch, but had not the thoroughly helpless appearance of fractured neck of femur. Attempts at manipulation and handling the upper part of the extremity seemed to cause great pain. There was a firm, resisting, bony swelling in the groin, under the line of the rectus muscle, which moved with the thigh, and seemed to increase the antero-posterior width of the upper extremity of this bone. He could rotate the limb very slightly inwards. It was supposed to be a case of impacted fracture. On the next visit, instead of swelling and ecchymosis existing, there was neither, and this aroused Mr. Maunder's suspicion that the true nature of the accident was unknown. Chloroform was administered, and now, the muscles being relaxed, the limb could be drawn to its normal length, and a soft crepitus was felt about the head of the bone. Mr. Hutchinson was invited to see the case, and both he and Mr. Maunder concluded that it was one of separated epiphysis. There were several possible sources of error in diagnosis here, but they were cleared up under chloroform, although the lad even then could flex the thigh slightly on the pelvis.

Cases of Hernia Testis.—There are two: one in a young adult, associated with acquired syphilis; the other in a child six years of age, possibly the subject of hereditary syphilis. These instances are alluded to in order to illustrate the method of reduction which Mr. Maunder adopts in such cases. The point of the forefinger is insinuated between the fungus and the adherent skin, and the two forcibly separated. The member is then swept round the testis, and a bed made for its reception well within the scrotum. This done, the edges of the wound are brought together by stitches, and heal kindly by granulation. If the finger cannot be insinuated at any one point around the fungus, a small incision with a scalpel suffices to admit it, and the operation is completed as above described. The operation is done quickly, and without hæmorrhage. The adult operated upon a month ago is well; the child was only submitted to operation on the 12th.

Chronic Obstructive Laryngitis.—A female, about thirty years of age, was admitted breathing with the utmost difficulty. Mr. Maunder opened her windpipe immediately, and placed her at once in a condition of safety and comfort. She progressed very favourably for about five weeks, but always requiring the tube. On the 11th ultimo her distressing symptoms were recurring, apparently from accumulation of mucus in the trachea and larger bronchi. Surgery could now do little to relieve; and, as the patient was near her

confinement, Mr. Maunder advised that premature labour should be induced, with a view of increasing the capacity of the chest. This operation was at once carefully performed, on Dr. Barnes's plan, by Mr. Stephen Mackenzie, resident accoucheur, and a living child was born. Dr. Down had been consulted about the condition of the patient's chest, and approved the treatment. On the 15th of January the mother and child were doing well.

ST. BARTHOLOMEW'S HOSPITAL.

DOUBTFUL TUMOUR OF THE BREAST.

(Under the care of Mr. SAVORY.)

IN the "Mirror" of January 1st we noticed a case of mammary tumour, under the care of Mr. Marshall, of University College Hospital, in which, even after the removal of the disease, it was difficult to decide with the naked eye whether the growth was malignant, or a simple glandular formation. Mr. Savory has recently had under his care a case in which like difficulty was experienced. The patient, who was a healthy-looking woman, advanced in years, was admitted into St. Bartholomew's Hospital to be treated for a tumour of about the size of a chesnut, which was situated over the right mammary gland, and at the inner side of the nipple. The opinions of the surgical staff differed as to the exact nature of this growth, some declaring it to be scirrhus, others a chronic mammary tumour. Excision of the tumour was performed on January 29th, and on section its true nature still continued doubtful, and it remained for the microscope to decide the diagnosis. Mr. Savory stated that it was occasionally a difficult matter to distinguish a chronic mammary from a scirrhus tumour, as these growths often diverted from their typical forms, and in their characters passed insensibly the one into the other. Chronic mammary tumours in aged patients had a tendency to become very firm and hard, and scirrhus tumours varied very much in consistence.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC.

CASE OF GLYCOSURIA WITH NERVOUS SYMPTOMS.

(Under the care of Dr. HUGHLINGS JACKSON.)

A MAN sixty-five years of age is now attending for certain nervous symptoms, and his urine contains sugar. The symptoms are—partial deafness of the left ear; numbness and smarting of the lips in their left halves; numbness of the left cheek, left hand, and left foot. The smarting of the lips is the symptom which troubles the patient most; he complains bitterly of it. The membrana tympani is normal. There is no pain in the ear, there is no discharge from it, but he hears the tuning-fork better on the right side. Since the other nervous symptoms point to central disease, the inference is that the defect of hearing depends on central disease too. The patient does not know whether the deafness came on at the same time as the other nervous symptoms or not. In fact, he did not know that his hearing was in any way faulty until the physician tested it. A year ago his urine contained a large quantity of sugar, and its specific gravity was about 1033. The glycosuria was discovered about June, 1868, a month after the nervous symptoms set in: they came on gradually. There has been a great diminution in the quantity of the sugar, owing probably to the dietetic rules, which the patient strictly follows.

Since, in lower animals, an experimental injury betwixt the origins of the auditory nerves produces glycosuria, it occurs to one that disease in the medulla oblongata may, in this patient, be the cause of the partial deafness, of the numbness of parts on the left side, and of the glycosuria. Cases of diabetes following injury to the head have been recorded; and Dr. Lockhart Clarke has published in Beale's Archives an examination of the medulla oblongata from a diabetic patient in which changes were found. But as in most cases of diabetes there is no evidence pointing to a local lesion of the nervous system, it can be but a more or less plausible inference that the glycosuria depends on

lesion of the medulla oblongata in the case we have made a note of. The case, however, deserves the brief mention we have given it.

It would be well to examine the urine in *recent* cases of *sudden* deafness. Probably, in a few of these cases, the deafness would be owing to disease of, or near to, the auditory nucleus. This nucleus is, Dr. Lockhart Clarke says, continuous with the vagus nucleus, and disease of, or of parts near it would very likely produce *temporary* glycosuria. But examinations of urine for sugar should not be limited to these cases. Austin Flint, in his admirable work on the Practice of Medicine, says: "It is to be borne in mind that the fact of sugar existing in the urine is not sufficient evidence of the existence of the disease under consideration [diabetes]. Sugar, generally in a small quantity and for a transient period, is not unfrequently found in the urine in the course of various *maladies*." For accounts of the very varied physiological and clinical import of the presence of sugar in the urine, the works of Harley, Pavy, Beale, and Roberts may be particularly referred to.

KING'S COLLEGE HOSPITAL.

OLD TRAUMATIC STRICTURE, WITH PERINEAL FISTULÆ;
THE OLD OPERATION OF PERINEAL SECTION.

(Under the care of Mr. HENRY SMITH.)

THE subjoined case well illustrates the severe effects which will result from a traumatic stricture, especially if it be neglected. It is well known that, under ordinary circumstances, the form of stricture which proceeds from an injury to the perineum is the most rebellious to treatment; but if, as in this case, it be neglected, the worst conditions will obtain. Here, in reality, they were seen in their most aggravated form. The posterior part of the urethra was apparently quite obliterated, and the structures in the perineum were so altered by the continuous passage of the urine along the sinuses that no hopes of giving any relief except by a formidable operation could be held out. The old operation of cutting down upon the point of a catheter or staff is, under any circumstances, most difficult; but when, as in this instance, the point of the instrument could only be passed a short distance along the canal, and the tissues in front were immensely thickened, the difficulties may be insurmountable. Indeed, it is in such cases, as Mr. Smith remarked after the operation, that surgeons even of great experience have been compelled to abandon the proceeding.

Here, as was expected, the operation was found to be most difficult, and at one time it seemed as though the operator would have to desist, mainly in consequence of the great hæmorrhage which occurred, and which prevented him from using a sharp-pointed knife until it was found absolutely impossible to find a passage along the obliterated canal without it. The gush of blood which followed the use of this instrument showed how dangerous its employment is without a guide to the deep parts of the perineum.

The value of the treatment of drawing away the urine by the use of a catheter every few hours is seen in this case. There is no doubt that, in some respects, it is superior to the method by retaining the catheter in the urethra for any length of time, as thereby irritation is produced, and some of the urine will of necessity escape by the side of the instrument, and come in contact with the wound.

John T—, aged thirty-five, admitted September 24th. He states that eighteen years before he injured his perineum by falling on some spiked railings. Sixteen years ago he first suffered from symptoms of stricture, and became a patient at Guy's Hospital under Mr. Cock, who passed instruments for him with great relief. Since that time he had not had any instrument passed into his bladder, but has gradually got into the state he is in now. He has great induration and thickening in the perineum and lower part of scrotum, and there are several sinuses, through which the urine passes; he suffers very much from irritability of the bladder and pain, and has become very thin and exhausted. On examination, Mr. Henry Smith found that he could not pass an instrument further than the middle of the scrotal portion of the urethra. He was determined to try to get the patient into a better state of health, and then perform perineal section.

Oct. 16th.—The patient has been somewhat improved. He was therefore taken into the theatre, and placed under the influence of chloroform. Mr. Smith introduced a No. 6 grooved staff down to the stricture; and it was there held by Sir William Fergusson. A free incision was now made through the dense and indurated tissues in the middle line of the perineum and scrotum, and an attempt made to find the point of the staff; but, in consequence of the depth at which it lay, and the free bleeding, it was not found possible until after a very free dissection had been made, and when the point of the staff was found, great difficulty was experienced in getting the instrument forwards in the right direction. To effect this with as much safety as possible, Mr. Smith used a long probe-pointed straight knife to divide the deeper textures; but little progress was thus made, and he was unwillingly compelled to make use of a long sharp-pointed knife, by which means way was made quickly into the bladder. This step was accompanied by the most profuse venous bleeding. A moderate-sized silver catheter was then tied in, and the patient was removed to bed, much exhausted.

19th.—Patient has complained of very little since the operation. No further bleeding took place, and he soon began to rally well under the influence of careful nutriment and stimulation.

21st.—Catheter removed, and No. 9 silver reintroduced, and tied in. Patient progressing rapidly.

27th.—No. 11 tied in. He bears the catheter very well, and the wound is healing rapidly.

This instrument was kept in for a week, when some irritation was produced by it; accordingly, Mr. Smith directed the house-surgeon to draw the water away three times a day. Great success followed this plan, as the irritation subsided, and the wound, which was very large, healed more rapidly. After this treatment had been adopted for a fortnight, a difficulty was one day experienced by the house-surgeon in passing the catheter, so the instrument was tied in again for a few days, after which no further difficulty was experienced in passing a full-sized catheter thrice daily. The wound was long in healing, and it was not until the end of December that it had contracted to about the size of a pea. The patient was then taught to pass a catheter for himself, and was discharged, well able to do so, on January 10th.

Medical Societies.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, JAN. 18TH, 1870.

DR. QUAIN, PRESIDENT, IN THE CHAIR.

MR. LAWSON exhibited a lad in whom an Elastic Pulsating Tumour suddenly appeared over an opening in the frontal bone, which he had made with a trephine eighteen months previously for the removal of depressed fragments of bone pressing into the substance of the brain. On April 17, 1866, the lad, whilst cleaning some windows on the second-floor, fell, and sustained a compound stellated fracture of the frontal bone, close to the hairy scalp. He was brought to the Middlesex Hospital insensible, and Mr. Lawson at once removed a portion of the frontal bone with the trephine, and cut away, with a pair of bone forceps, pieces of bone which were sticking into the brain-substance, and raised with an elevator other portions of bone that were depressed. From this operation the boy made a rapid recovery, and in six weeks' time left the hospital apparently well. After a month the pain returned, accompanied by giddiness, and there was some protrusion of the cicatrix in the forehead. By the next day the swelling had attained the size of a hen's egg, and was hot, and painful to the touch. A slight puncture into the swelling with the point of a lancet was made, when a clear watery fluid escaped, and continued afterwards to trickle from the wound. On the following day a thick rash of herpes appeared by the side of the mouth, and all the febrile symptoms at once began to subside. For three days following the outbreak of the herpetic eruption, the tumour continued to discharge, through the opening made with the lancet, the same clear fluid, and gradually lessened in size, until, during sleep, the discharge