case 4) was operated upon. The two small toes were gone, as also the integuments of the foot above and below, on a line with these toes and as high as the instep. It being impossible that this surface should heal over, so as to admit of the patient's walking, it became necessary to sacrifice the anterior half of the foot to secure integuments to cover the rest. Dr. Bigelow believed it better practice on the whole to divide the tarsus with a saw rather than by the disarticulations of Lisfranc or of Chopart.

H. H. A. BEACH, M. D., Surgeon to Out-Patients.

Urethral Strawberry Tumor.—MESSRS. EDITORS. In connection with the account of a case of this affection in your last number (Massachusetts General Hospital Report), it is proper to say that Dr. Blodgett's microscopical report was more complete than is there stated. The growth really took the form of papilloma; it consisted principally of granulation tissue with some normal or highly hypertrophied connective tissue, but was formed into numerous papillae furnished with large, looping blood-vessels, of which several sometimes ramified in the same papilla. The external surface was covered with flat epithelium of a considerable thickness in places which were protected from injury, but which was easily detached from its place and separated into its single cells by the action of the fluid in which the section was suspended, in parts where the epithelium was near the border of the field. It seemed, therefore, to be a papilloma of the simple variety, its erectile power depending upon the numerous large capillaries ramifying in every part; the growth containing of course, also, other larger vessels. The coincidence of a sensitive tumor before mentioned of the male urethra with warts upon the gland, corroborates the results of Dr. Blodgett's examination.

H. H. A. B.

SURGICAL OPERATIONS AT THE BOSTON CITY HOSPITAL.

[SERVICE OF DRS. CHEEVER AND THORNDIKE.]

THE following operations were performed on Tuesday and Friday, February 23, and 26, 1875:—

1. Urinary fistula. 2. Hypertrophy of clitoris. 3. Removal of testicle. 4. Fistula in ano. 5. Plastic operation. 6. Abscess in axilla. 7. Radical cure of hydrocele. 8. Radical cure of hydrocele of the cord. 9. Necrosis of femur. 10. Mammary abscess. 11. Necrosis of lower jaw. 12. Amputation of toe. 13. Necrosis of tibia.

1. *Urinary Fistula.*—A man, thirty-nine years of age, fell upon the ice a year ago. He was stunned for a few moments, and does not know whether he struck upon his side or back. In a very short time he was able to get up and walk, but when he urinated there was some pain, and he passed a little blood. These symptoms passed off in a little while, and he was in his usual health till about six months ago, when he began to have pain in the region of the bladder. An abscess formed and broke an inch above Poupart's ligament, and two inches to the left of the median line. This was soon followed by another abscess, on the upper and inner side of the left thigh. When he entered

the hospital both of these openings were discharging urine, but only when he attempted to empty his bladder. There was no infiltration of urine, and no stricture of the urethra; nor had there ever been any. Denuded bone could be felt in both sinuses; probably some part of the rami of the pubes and ischium.

The patient having been etherized, Dr. Cheever passed a full-sized steel sound into the bladder without difficulty. In so doing, the sound struck upon a hard, rough substance, feeling like calculus or bone, between the bulb and the prostate. The finger in the rectum found the membranous urethra normal, and the prostate slightly enlarged. A probe was passed nearly perpendicularly down through the abdominal sinus for four inches, and struck roughened bone. A second probe was passed up through the thigh sinus for four inches, and also touched dead bone. It was evident that these two sinuses met near the rami of the pubes and ischium.

The sinuses were now slit up. The upper one was found to lead down behind the pubes, and connect with the lower through an opening in the rami of the pubes and ischium on the left side. A loose sequestrum, an inch long, was removed from the lower wound. A thin scale of bone, a third of an inch long, was found in the bulbous portion of the urethra, and was removed in the channel of a grooved staff without cutting. No opening could be found in the urethra communicating with the fistulae.

The violent fall, the bleeding from the urethra, and the size of the sequestrum render it probable that the ramus of the pubes was partially fractured, and the membranous urethra pierced with a spiculum of bone. Subsequently, urinary abscess, followed by necrosis, became slowly developed.

2. *Hypertrophy of the Clitoris.* — The patient was a young white woman. The growth was of nine months' duration. It was a soft, lobulated mass with a long neck. The principal tumor was as large as a small orange, and hung down about four inches. The labia majora were oedematous, and there were several warty growths and condylomata about the clitoris and nymphæ.

Dr. Thorndike removed the enlarged clitoris with the *écraseur*. The hæmorrhage was so slight that no ligatures were required. The vegetations were cut off with scissors. The raw surfaces were touched with nitric acid, and cold water dressing was ordered.

3. *Removal of the Testicle.* — The patient is nineteen years of age, and apparently healthy. He has never received any injury upon the scrotum, and there is no history of venereal disease. The right testis was removed four years ago for scrofulous disease. The left began to get sore and painful four or five months ago. The gland was swollen, tender, and discharging pus from two or three deep sinuses. The patient was unable to work, and was determined to have it removed. Dr. Thorndike performed castration in the usual manner, saving all of the scrotum. The hæmorrhage was slight. The wound was closed with sutures.

7 and 8. *Hydrocele.* — Dr. Thorndike drew off the contents of the hydrocele, and injected the sac with pure tincture of iodine, but did not allow it all to remain.

The hydrocele of the cord was laid open with the knife, and lightly packed with charpie.

GEO. W. GAY, M. D.