the symptoms point to vesical neoplasm, although no debris is to be found after repeated examination in the urine. For these, with rare exceptions, digital exploration, through a small opening in the perineum should be performed. This does not in the least interfere with a suprapubic cystotomy should such be necessary. For the first class this preliminary perineal incision is unnecessary, and Sir Henry Thompson, now that the value of the suprapubic operation is established, recommends its being undertaken forthwith. On this point he says : "When I first began to remove vesical tumors the value of the the new suprapubic procedure in regard of simplicity, safety and efficiency, had not been established ; but an enlarged experience of it in my own hands, has convinced me that it offers advantages when the tumors are multiple or considerable not to be obtained by the perineal route. I cannot recommend that it should be performed when you merely entertain a suspicion, however strong, that tumor is present in any given case. As long as the absolute proof arising from fragments passed in the urine is absent, the perineal exploration is the only legitimate proceeding, unless it is deemed better to wait and make further research for indubitable evidence."

The lecturer has altogether operated on thirty-eight patients. [Although it is not stated, this presumably includes both perineal and suprapubic operations], There appear to have been six deaths, four patients dying within a few days of the operation, partly from exhaustion, two from cystitis and peritonitis. Two succumbed to blood poisoning each on the twelfth day, one after the perineal incision and the other after the removal of a large tumor by the suprapubic route. Several are living with threatening return ; the great majority have gained relief from severe symptoms, and some extension of life, varying considerably in different instances.—*Brit. Med. Jour.*, Jan. 7 and 14, 1888.

F. SWINFORD EDWARDS (London).

X. Case of Self-Mutilation of the Scrotum. By DR. ALEXANDER A. LESHTCHINSKY, (Dinabürg). An intense aversion felt by the kind-hearted, peaceful and industrious Russian peasantry toward

the military service from century to century, furnishes a near and sufficient explanation of the fact that all over the vast Empire there flourishes a numerous class of specialists (mostly retired *feldshers*, medical assistants) whose practical work consists in secretly maiming recruits in all possible ways affecting the qualification of the patient as an "unfit." The tale of Dr. Leshtchinsky may be taken as a typical illustration of what is daily done by the "surgeons" in question. The author was recently called to an athletic Lettonian peasant of twenty, by his brother who frankly confessed that about five days before, the patient had been made "unfit" by a local *feldsher* in this way. The "surgeon" had taken the lad to a Russian bath, placed him on the *polok* or sweating loft, and, after a good "steaming through" of the field of operation, pierced the patient's scrotum, through its whole thickness in an upward direction, by a big (saddler's) needle armed with a thread soaked in a caustic oily yellowish liniment; having drawn the needle out of the upper puncture, the operator had cut the thread with scissors, and withdrawn it from the lower punctures. At the time the lad felt only a slight local burning; but on the next day there appeared a rapidly increasing, exceedingly painful swelling of the scrotum with a vivid redness, on the third day a rigor followed, while pain and swelling became so great that the lad walked with difficulty. On the fourth day an abscess about the puncture made its appearance, bursting spontaneously and giving vent to a profuse blackish purulent discharge. When seen by the author on the fifth day, the patient lay on the floor with widely separated thighs, and was loudly groaning from an agonizing pain. His scrotum was found to present an intensely red, glossy, tense globe as large as the head of an infant of 2 or 3 months. Its lower integument, however, was covered with vesicles, erosions and dark blue sloughing spots, while on its posterior aspect, corresponding to the right testis, there was seen a large, irregularly oval ulcer of the size of a florin, with uneven ragged edges and flat bottom lined with a grayish tallow like coat. The right testis and epididymis were considerably enlarged and highly tender. Under the influence of an antiseptic dressing and ice, the youth recovered in about a fortnight. His purpose had been realized, the recruiting

committee had rejected him as an "unfit" on the ground of an examination on the third day of his self-inflicted disease.—*Russkaia Meditsina*, No. 6, 1888, p. 97.

XI. Case of Foreign Body (Sow-Thistle) in Male Urethra. By Dr. DENITRY N. IBANKOFF (Soligalitch, Russia). The writer details an interesting case of a male peasant, æt. 60, who experiencing some difficulty in micturition, had attempted to empty his bladder by means of an improvised catheter in the shape of a piece of the stem of the sow-thistle (*Sonchus oleraceus* Russ. *Osot*). The instrument somehow slipped out of the operator's hand, and got entangled in the channel in spite of all domestic efforts to extract it. When seen the next morning, the man looked greatly frightened and complained of pain about the bladder as well as of an intense scalding and pain along the whole urethra, and incessant vesical tenesmus, the urine constantly dripping out drop by drop. The penis, (twelve centimetres long) was greatly swollen, the prepuce œdematous. The foreign body being very soft, could not be felt from without, but a probe struck it at the depth of 5 cm. and easily passed between the stem and the urethral wall. Taking into consideration, on one side, that the foreign body was soft, smooth and relatively thin, and, on the other hand, that the literature contained several instances of a spontaneous expulsion of foreign bodies from the urethra by a good-sized jet of urine¹ (Koenig, Bardeleben), the author advised the man to drink freely and to pass urine only at long intervals. This plan, however, proved a failure and cost the patient, other twenty-four hours of unabated restlessness and suffering from tenesmus, etc. No instruments, except a children's metallic catheter, being available, he proceeded to remove the foreign body after Dittel's method (somewhat modified). Having fixed the body by firmly compressing the member at its root, he passed the catheter down the urethra, until at the depth of 18½ cm., "a con-

¹Dr. Ibankoff himself lately happened to see a case of the kind, where a urethral calculus of the size of a pea was pushed by a powerful jet of urine up to a point in 1½ centimetres from the urethral orifice and could then be easily extracted by a pair of forceps.