vantage of this operation is, that the bases of the flaps receiving the superficial epigastric artery, the flaps will be abundantly supplied with blood. The objection is, that the lower end of the incision forming the inner side of the flap may admit urine into the cellular tissue, if it gets ponded up, and has no ready exit; yet by keeping the trunk raised, and drawing down the penis, this ponding up of the urine may be avoided.

2. Another plan is that adopted by Pancoast (see *North American Medico-Chirurgical Review* for 1859, vol. iii., p. 709). Take two lateral four-sided flaps having their attached sides by the sides of the bladder, fold these flaps on themselves, and join them along the middle line, and to a horizontal incision above the bladder in such a way that the skin is next the mucous membrane and the raw surface is external. The advantage is that urinary infiltration can hardly take place. The objection is that the hairs on the skin grow against and irritate the mucous membrane.

3. A third plan is Ayre's (see same volume of same *Review*). In his operation a large flap is taken from above. The objection is that, the recti muscles diverging as they pass downwards, the abdominal wall in the middle line has only a strong fascia between the skin and the peritoneum, which fascia it would be hazardous to expose to such an extent as would be necessary to form a large flap.

28th.—Mr. Hulke performed the first of these operations, the patient being under chloroform. The penis was stitched to the scrotum to allow the escape of the urine. Given one grain of hard opium in pill every eight hours.

The needles which were to close up the gap where the flaps were removed were taken out on the 4th of October. The stitches were detached on the 5th. The flaps did not adhere well, though various measures were used for the purpose. The wounds have all healed up, but the patient has not been much benefited by the operation. He is to have an apparatus of gutta percha, attached to a double truss, in which to catch the urine. The exposed surface of mucous membrane is certainly smaller than before, and the new flaps form a good support for the apparatus to be worn.

He subsequently came under the care of Mr. Partridge.

In making an instrument for this patient, the object to be accomplished was to protect the sensitive surface of the bladder, reduce and retain the double hernia, and afford some kind of receptaculum for the constantly flowing urine. The instrument devised by Mr. Bigg consisted of a japanned copper shield, covered with caoutchouc, and accurately fitted to the pubic region of the body, this shield being retained in its position by two strong pelvic springs fastening behind. Within the shield, and corresponding with the inguinal surfaces, two india-rubber pads were placed for the purpose of retaining the herniæ. At the lowest margin of the shield a small orifice, opening into an india-rubber bag properly furnished with valves to prevent regurgitation, gave egress to the urine, and retained it until removed by opening a small tap at its inferior extremity. The whole was kept firmly *in situ* by two padded leather straps passing under the perineum, and fastening to the back of the pelvic band. The advantage of this instrument is its great simplicity of construction, consisting of one piece, instead of a truss and shield combined, as is sometimes adopted. Where the two appliances are separate, perfect apposition of their relative mechanical parts is rendered almost impossible, whereas in Mr. Bigg's instrument, its margins perfectly accord with the anatomical form of the region to which they are applied. This instrument has completely effected its object, and its cost is so moderate that it is within the reach of even a poor person.

ST. BARTHOLOMEW'S HOSPITAL.

CANCER OF THE MAMMARY REGION IN A MAN; EXCISION OF THE DISEASE; RECOVERY.

(Under the care of Mr. SKEY.)

WE have had occasion before now to draw attention to the invasion of the male breast, or the situation which it occupies, by carcinoma; and when cases of the kind occur they are invested with some amount of interest in consequence of their rarity when contrasted with the same disease in the female.

In the early part of July, a man, forty four years of age, was admitted with an ulcerated surface over his right breast, which presented the appearances of malignant disease, together with its physical characters. It had been present for twelve months, and was steadily increasing. Mr. Skey described it as scirrhus of the mammary region; he could not, he said, call it of the

mammary gland. Both to the eye and the touch it possessed the characters of scirrhus, with the additional evidence of a number of knotty swellings around it, which originated coincidently with the large circular ulcerated surface, possessing a diameter of three inches.

On the 12th of July these affected portions were carefully excised, chloroform having been administered. There were two hard glandular swellings in the axilla of the same side, which were not interfered with. Both, Mr. Skey remarked, conveyed the impression that they formed part of the original disease. Why did he not remove them? Because, as he further stated, although they had the aspect of cancer, he was not certain that they really were so. He considered it prudent, therefore, to leave them, in the hope that they might subside, now that the primary irritation has been withdrawn.

July 26th.—The wound is fast healing up by granulation, and the man is doing well. The axillary swellings are diminishing.

WESTMINSTER HOSPITAL.

WARTY GROWTHS ON THE LABIA EFFECTUALLY REMOVED.

(Under the care of Mr. BROOKE.)

CONDYLOMATOUS or warty excrescences, which are not uncommonly seen in females about the labia, extending backwards towards the rectum, are usually the result of want of cleanliness during attacks of gonorrhœa, and when removed by the surgeon have a tendency to return. This recurrence often causes great inconvenience, and necessitates a second and sometimes a third operation. A case of the kind we remember being under the care of Mr. Brooke many months back, in which numerous warty excrescences were excised; but they returned in great excess, so as to give the labia majora the appearance of two prominent tumours, which had subsequently to be removed with the écraseur by Mr. Hillman. In the early part of July a young married woman was admitted under Mr. Brooke's care with a series of excrescences growing on either side of the external organs. These growths were very prominent, extending backwards for several inches, and laterally towards each groin. Their thickness must have been fully three-quarters of an inch, and on close examination they resembled multitudes of elongated papillæ closely packed together. Under chloroform, the whole of them were cut away with a sharp scalpel down to the surface of the true skin; this was attended with some amount of bleeding at first, but which readily subsided; and to prevent the possibility of recurrence of growth, a heated iron was passed over the denuded surfaces, and cold applications were then made over these. The result thus far has been satisfactory, and it is expected that the cure will be permanent, unless a fresh attack of gonorrhœa be contracted. Some surgeons find the application of a styptic or astringent lotion usually sufficient to prevent recurrence after the removal of warts. Professor Pirrie, of Aberdeen, has found a solution of sulphate of copper applied to the surface effectual in accomplishing the desired end when the warts were excised.

UNIVERSITY COLLEGE HOSPITAL.

WOUND OF THE THROAT IN A BOY, TWELVE YEARS OLD; RECOVERY.

(Under the care of Mr. ERICHSEN.)

IT is most unusual for a mere lad to be guilty of the rash act of cutting his throat, although instances now and then are recorded where suicidal attempts have been made by very young persons.

On the evening of the 16th of June, George B——, aged twelve years according to his father's account, but who looks fifteen, was brought into the above hospital. A short time before he had inflicted two severe gashes across the front part of the neck with a razor, which wounded the trachea. They had penetrated pretty deeply, and a good deal of blood was lost from the two gaping wounds. These were closed by Mr. Smith, the house-surgeon, and in forty-eight hours had united by adhesion. A few days after the boy was discharged quite well. He is a very intelligent looking child, and deeply grieved at having committed such a foolish act; but the truth of the matter is,

that his home is uncomfortable, his father frequently scolds him, and he has a step mother. Previously to the attempt on his life, he had been severely reprimanded by his father, and in a sudden fit of anger he committed the injury upon himself.

WEST LONDON HOSPITAL.

ACUTE GLAUCOMA ; IRIDECTOMY ; RELIEF OF PAIN, AND IMPROVEMENT OF VISION.

(Under the care of Mr. ERNEST HART.)

S. W.—, aged forty-six, a stout female, who had been under Mr. Hart's observation for some months, was admitted with all the symptoms of acute glaucoma of the right eye. The sight had for some time been failing, and together with this symptom had occurred repeated attacks of slight inflammation and pain in the right eye. Each of these had subsided under appropriate treatment, leaving the sight in a gradually more obscure and hazy state. With the right she could barely discern anything more than the misty outline of opaque objects; she could not distinguish the features of any person, however near to her, or in however strong a light.

Just before admission she had suffered a considerable exacerbation of pain. The flashes of light and acute throbbing in the ball were intensely painful; her rest was broken; the eye was tense and prominent; the sclerotic in many places thin, and with a tendency to become staphylomatous. Previous ophthalmoscopic examinations had demonstrated the absence of capsular or lenticular opacity. The other eye was sympathizing with this, and had become the seat of agonizing pain, while the visual power was affected.

Mr. Hart tried, in the first instance, the effect of eight leeches, and a mixture of colchicum and iodide of potassium with bicarbonate of potash and henbane, but the relief afforded by these means was only partial. Under these circumstances he resorted to iridectomy. The operation was performed, by the patient's desire, without chloroform. The first step of incision gave great relief, and immediately the knife divided the tense structures and entered the anterior chamber the patient expressed the ease which she had acquired. The excision of the iris, although accomplished with facility, and without any dragging, was felt to be more painful. An opiate was ordered, with an evaporating lotion to the lids. The immediate smart of the operation passed away, and the acute pain in the right eye, as well as the sympathetic irritation of the left, subsided. The subsequent result of the operation has been of the happiest kind. The health of the patient has greatly improved. The right eye is strong, clear, and free from pain, and the sight of the left is gradually improving.

CLINICAL RECORDS.

FRACTURE OF THE SCAPULA.

In May of last year an interesting case of fracture of the scapula, in a child six months old—an out-patient at the Royal Free Hospital—was brought under our notice by Mr. Hill, the house-surgeon. Fracture existed through the entire bone from above downwards, passing through the spine, so that both the external and internal borders projected backward: a most peculiar position, presenting a concavity outwards. The injury occurred from direct violence, in a fall down stairs. There was no wound, but the upper angle of the scapula almost projected through the skin; there was free movement of the shoulder, and the deltoid muscle could be brought almost in front of the arm; the acromion process was not broken. The treatment consisted in a bandage over the shoulder and a pad in the axilla.

REMOVAL OF A DEGENERATED NÆVUS FROM THE LEG OF AN INFANT.

AN infant was admitted into Guy's Hospital with a flat tumour, the size of a walnut, on the right leg at its inner surface below the calf. It was primarily a nævus, but under the use of heated pins at another hospital it had become nearly solid, and had degenerated into a form of tumour inconvenient from its situation and likely to be permanent. Mr. Cock therefore removed it on the 24th June, when the child was under the influence of chloroform, and comparatively little bleeding attended the operation. The result will be a complete cure.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JULY 2ND, 1862.

DR. TYLER SMITH, PRESIDENT, IN THE CHAIR.

A REPORT ON A TWIN (?) ABORTION, EXHIBITED TO THE SOCIETY BY DR. LANGMORE ON JUNE 4TH, 1862.

BY GEO. HARLEY, M.D., AND T. H. TANNER, M.D.

In this case a lady aborted on the 22nd of May, 1862. A foetus, of about four months' gestation, was expelled; it was flattened, more or less atrophied, and had evidently been dead some time. The placenta was removed; and afterwards a smooth, soft body was peeled off the upper part of the uterine cavity, which proved to be a second bag of membranes. The chorion and amnion were unruptured, healthy, and transparent; and through them an embryo of about five or six weeks could be plainly seen floating in clear liquor amnii. The embryo appeared fresh and perfect, and not at all atrophied. Was this an instance of twin pregnancy or of superfetation?

Drs. Harley and Tanner were directed by the Society to investigate the question. In their report these gentlemen give the results of an examination of the preparation. They then append some remarks on the structure of the decidua, and conclude thus:—"We are led to assume that the case under consideration is an example of superfetation, for this reason: If the second, healthy, six weeks' ovum were the product of the same conception as the first four months' foetus, which had been dead some time when expelled, then we must believe that although the latter perished some days before its expulsion, and manifested symptoms of putrefaction, yet the small second ovum died when six weeks old, was retained for about ten weeks afterwards, and nevertheless when removed was perfectly healthy, and did not present any trace of decomposition. We cannot subscribe to this improbable view. As, theoretically, we see no physical obstacle to the occurrence of superfetation during the first three months of pregnancy, so we think the specimen now reported upon proves, as far as anything of the sort can prove, that superfetation is a positive fact."

ENORMOUS DEVELOPMENT OF HYDATIDS IN OMENTUM SIMULATING AN OVARIAN TUMOUR.

BY DR. NEWMAN (STAMFORD),

(Communicated by Prof. HARLEY.)

A woman, forty-three years of age, began to suffer from enlargement of the abdomen eleven years ago. In 1861 an incision was made in the right iliac region, when a quantity of pus and hydatids escaped. The opening closed, but the abdomen again enlarged; and the patient died in May, 1862, with symptoms of acute peritonitis. On examination, the omentum was found stretched over a mass of glistening cysts. Masses of hydatids were embedded on the surface of the right hepatic lobe. From them ran an unbroken chain of cysts right across the spinal column and down into the left iliac fossa. The right ovary, as well as the mesentery, also contained hydatids.

A CASE IN WHICH AIR WAS EXPELLED FROM THE VAGINA.

BY GEORGE HARLEY, M.D.

The chief points in the case are these:—The expulsion of the air is accompanied with a loud noise, and, although odourless, is attended with great personal discomfort. It began about eighteen months ago, at a catamenial period, and has recurred with increasing severity at each period, until now there are several discharges in the course of a few minutes. The patient is married. The vagina was carefully examined in order to find if any communication existed between it and the rectum, but none was found. Dr. Harley took a full sized male catheter, to which was attached a long india-rubber tube with a stop-cock at the other end. The catheter was introduced into the uterus, the end of the tube with the stop-cock being placed in a tumbler of water. No air escaped when the instrument was in this position; but on placing the open end of the catheter in the vagina an instantaneous discharge of gas took place. Soon afterwards the water was found to be sucked up through the tube into the vagina; and after one or two other experiments it was found that the vagina sucked-in and expelled the air by spasmodic action. It was further observed that the abdominal muscles materially assisted in producing this result; and although the patient has not the power of commencing the