

by squeezing the ball in the right hand. The left forefinger is then raised and the fluid issues from the bladder, while the right hand relaxes its pressure and allows the bulb to draw up a fresh supply of fluid. This process can be repeated as often as is desired, without trouble to the patient or disturbance of the catheter. In practice, I have found this simple apparatus prove of great service to patients suffering from atony of the bladder or prostatic disease, when washing out the bladder has been indicated. The brass nozzle is made by Messrs. Weiss and Son.

Wimpole-street, W.

A NOTE ON PREPUCE GRAFTING.

By CHAUNCY PUZEY,
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THE article by Mr. Clement Lucas, which appeared under the head of "Prepuce Grafting," in THE LANCET of Oct. 4th, reminds me of a case bearing upon this subject which was under my care about a year and a half ago in the Northern Hospital, Liverpool.

A sailor, about thirty-five years of age, sustained a severe crush of the soft parts of his left foot, owing to a spar falling upon it and rolling about on it during a heavy gale at sea. The injury was aggravated by want of attention and exposure to cold and wet for several days, so that when the ship arrived at Liverpool and the man was brought to hospital, the integuments of the foot, from the toes to the flexure of the ankle anteriorly, and as far as the os calcis on the plantar aspect, were sloughing, and soon came away, leaving a large granulating surface all round the foot (with the exception of that part occupied by the fifth metatarsal bone, which part had escaped injury, and was covered with sound skin) and from the bases of the toes to the lines before-mentioned, the sheaths of several of the extensor tendons being exposed on the dorsal surface of the foot, and a considerable portion of the plantar fascia having sloughed away. This looked a case which would take months in healing, and in which even then a tender foot, crippled by tight cicatrices, must result—a typical case for extensive skin grafting. Therefore, as soon as the wound was in a clean and favourable condition, I obtained the patient's sanction to the removal of as much skin as might be required from a part where there was plenty—namely, his scrotum. This having been cleansed by the continuous application of carbolic fomentations for a couple of days, I removed two folds of this skin, each about the size of a crown-piece, but oval rather than circular, having previously passed two or three long and thick catgut threads through the folds, near the line of section. One of these pieces was then spread out on the dorsal, the other on the plantar surface of the foot, the catgut being used for tying down the transplants and preventing their tendency to roll up. Carbolic dressings were used, but when they were removed after forty-eight hours, the transplants looked dark and sodden, their cuticle was separating, and the wound had a bad odour. Frequent cleansing, and gauze and oakum dressings, soon improved affairs, but the transplants looked as if they were softening down and would soon disappear. A boy having been found who required circumcision, his prepuce was divided into half a dozen pieces, and these were laid upon the wound in various places between the scrotal transplants and the healing edges of the sore. These preputial grafts adhered at once, and the condition of the sore rapidly improved; moreover, in the site of the scrotal transplants, which we thought had failed, new skin rapidly appeared, and in the course of a few weeks the whole of the large granulating surface was completely healed, partly by cicatrisation, but to a great extent covered with healthy skin. Weeks instead of months had sufficed for the restoration of a perfectly useful though rather disfigured foot.

No doubt the prepuce affords much better material than the scrotum, and for large grafts it is difficult to imagine anything better than the prepuce of a healthy infant—thin, soft, elastic, free from fat, and thus readily adapted to any surface. Unfortunately, in these days of children's hospitals, the supply of material in general hospitals is somewhat limited, but in the case of a male patient, his own scrotum presents generally an abundant supply, though the material is not of so suitable a quality. As Mr. Lucas observes, the principal objection to preputial grafts is

purely sentimental; still this objection has no doubt hitherto stood in the way of utilising a material which, in these days of conservative surgery, is too valuable to be wasted.

Liverpool.

CASE OF SPORADIC TYPHUS, WITH HIGH TEMPERATURE, COMPLICATED WITH ULCERATIVE ENDOCARDITIS;

POST-MORTEM EXAMINATION.

By AUGUSTUS H. COOK, L.R.C.P., M.R.C.S.,
MEDICAL OFFICER TO THE HAMPSTEAD INFIRMARY.

FANNY W—, aged twenty-three, married, was admitted to the infirmary in the evening of April 26th of the present year, with the following history, ascertained from her husband. The illness commenced on Tuesday, April 22nd, four days before admission. She was perfectly well in the morning, and did her washing as usual; but before dinner she felt so weak that she had to lie down, and complained of feeling very ill. She vomited and retched from the time of the seizure till the end of the week, and complained of severe headache. Her skin was burning hot, and her feet very cold, "like ice." She refused all solid food. She was cheerful and perfectly sensible. During the whole time the pain in the head was very severe ("awful"). She bore the journey to the infirmary well, expressing a wish to go. When she was an infant all her family had typhus, at Wootton-under-Edge, Gloucestershire, her case being the worst; she had typhoid fever when older, and rheumatic fever severely at the age of twelve, but she did not know of any heart disease being left in consequence; she was otherwise strong and healthy. The patient was confined four months ago, natural labour; but has never been so strong since. Her father and mother are still living, aged forty-three and fifty respectively; both are strong and healthy. Two brothers died young ("of vaccination"); two brothers are still living, both healthy; three sisters, all healthy; her baby, aged four months, is healthy; no other illnesses known. She was in the habit of leaving the unwashed napkins under the bed in which she and her husband slept, for days together, and the smell was very bad at times, especially just before her illness, when the soiled napkins had lain beneath the bed for three or four days—so much so that her husband complained about it. On admission she stated that she had been ill for nearly a week, and that the doctor thought it was a bad cold. She did not appear very ill, but the temperature was 103° 8' F.—27th: At about 6 A.M. the patient became unconscious, and when first seen by Dr. Paddle and myself at 11 A.M. she was in the same state. On shouting she opened her eyes, but showed no other sign of consciousness. Temperature 103° 6'; pulse 120; pupils unequal, the left dilated. No signs of any rash, with the exception of a few light-brown stains about the flanks and abdomen. There was a little tenacious and frothy mucus streaked with blood, but careful examination failed to detect any sign of pneumonia. A soft blowing murmur replaced the first sound at the apex. The urine was drawn off by catheter.—28th: Temperature fallen to 102° 8'; pulse 120. Patient very delirious, but able to converse with her husband a little. Bowels, which had been confined throughout, opened by enema. Beef-tea, milk, eggs, &c., taken freely. Incontinence of urine.—29th: Morning temperature, 104°; pulse 150. Prostration extreme; patient still delirious. Temperature at 6 P.M., 106°; 108° at 9 P.M. The patient died at 11.

Autopsy, forty hours after death (at which I was assisted by Dr. Paddle).—The body was fairly well nourished; no eruption, but marked lividity along the back; rigor mortis still present. A dark clot was found on the surface of the brain, over the posterior half of the left hemisphere, about four inches long by one and a half inches wide; it was quite superficial; the vein under the clot was empty. All the superficial veins were gorged with blood, and the membranes were congested but free from opacity, flakes of lymph, or any other signs of inflammation; there was little or no effusion into the subarachnoid space or ventricles. The brain, on section, was found to be greatly congested. There were hæmorrhages into the following parts—namely, (1) into the anterior and outer part of the right frontal lobe, about the size of a pea (the centre of this clot was of a yellowish colour); (2) in the posterior part of the same hemisphere