second molar teeth, with induration extending from the alveolar wall to the upper surface of the right side of the tongue. In the floor of the mouth, in front of the frenum, was a kidney-shaped mass, and one enlarged gland below the horizontal ramus of the jaw.

Dec. 6th.—A sharp hæmorrhage took place from the ulcer in the mouth, arrested by the application of perchloride of iron. Hæmorrhage recurred on the two following days.

13th.—The tongue was removed. After making an incision through the lower lip in the middle line, and sawing through the symphysis, Mr. Erichsen dissected the tongue away from the floor of the mouth on the right side, and divided the anterior pillar of the fauces. The tongue was then transfixed at its posterior third with a platinum wire, which was fixed to the galvano-éraseur, and the right side of the tongue divided as far back as possible, the left side of the organ being next removed in an oblique direction. No hæmorrhage occurred. The divided jaw-bone and lip were then brought together with hare-lip pins and a silver wire suture. The tumour in the mouth had the microscopical characters of epithelioma. The patient to be fed by enemata and a syphon tube.

Everything progressed satisfactorily till Jan. 1st, when a swelling was detected behind the angle of the jaw on the left side.

Jan. 10th.—Some fresh ulceration has occurred in the mouth on the right side.

16th.—Chloride-of-zinc paste applied to the ulcer in the mouth.

22nd.—Applications of the paste repeated. The two halves of the lower jaw partially movable.

29th.—An abscess has formed on the left side, in the seat of the swelling. Opened antiseptically.

Feb. 1st.—Some union has taken place at the symphysis.

3rd.—The patient coughed up a large quantity of purulent pellets about the size of a filbert. A large core came away from the abscess.

17th.—The patient has continued to improve. Still some discharge from the abscess. Chloride of zinc reapplied to the ulcer in the mouth. Discharged, relieved.

SEAMEN'S HOSPITAL, GREENWICH.

A CASE OF PRIAPISM LASTING MORE THAN FOUR WEEKS; RECOVERY.

(Under the care of Mr. JOHNSON SMITH.)

AT page 90 of this volume we published a case of priapism lasting six weeks, mentioning at the same time all the cases that had hitherto been recorded. In that case the exciting cause was doubtful, but in this there is a distinct history of an injury, followed by extravasation of blood into the penis and priapism.

D. S—, aged forty-six, a fisherman, was admitted on Feb. 13th, 1873. He had been a married man for twenty years, and was the father of eight children. He stated that his health had usually been good, and that for eight years previously he had been a temperate man. Before this period he had been a free drinker, and a sufferer on one occasion from an attack of delirium tremens.

Nineteen days before admission he fell from aloft (a height of eighteen feet), and struck in the fall his perineum and the under part of the penis. There was no subsequent bleeding from the urethra, and the urine which was passed shortly after the injury was quite clear. There was, however, some oozing from a wound on the surface of the glans near the frenum, which continued for about half an hour, and a large dark-coloured "bleb" containing blood formed near this spot. On the day after the injury the penis became hard and painful. This condition increased in intensity up to the third day, when the patient was compelled to lay up, and there remained without change or alteration up to the time of his admission into the Seamen's Hospital.

When first seen on February 13th the patient was pale, much depressed, and exhausted from constant pain and want of rest. The penis was hard and erect, its dorsum being in contact with the surface of the hypogastrium, and any attempt to depress the organ causing severe pain. The whole of the organ was firm and hard, but not equally so, the induration being most marked along the dorsum and at the root. The swelling also was not quite regular, there

being a marked prominence on the under surface and left side, near the root of the organ. The integument over this prominence was slightly congested, but over all other parts of the penis seemed quite healthy. The patient complained of a constant dull pain in the penis and perineum, and of great tenderness when the former was moved or compressed. The induration could be felt extending backwards towards the perineum at the upper part of the scrotum, and great pain was caused by firm pressure over the osseous margins of the pubic arch. There had not been any difficulty in micturition, nor had the patient ever observed since the accident any discharge from the urethra either of pus or of seminal or prostatic fluid. There were no indications of any injury to the spinal column, old or recent, and no deep-seated pain was produced by tapping roughly the spines of lumbar and lower dorsal vertebræ. Complaint was made of occasional severe pains (neuralgic) in left testis; this organ hung very low, and its veins were in a varicose condition.

On February 16th the patient was ordered to take every three hours a draught containing ten grains of bromide of potassium and one ounce of infusion of gentian. On the two following days there was no appreciable change in the condition of the patient, but on the 19th he suffered from what seemed to be a bad attack of catarrh. In the evening he had severe rigors, which were repeated on the following morning, when the man was very prostrate, complained of great pain in the head, and could scarcely swallow in consequence of a sore-throat. On the 21st he was still worse, and very low; the tonsils were much swollen, and the mucous membrane of the fauces and pharynx inflamed and studded with small white patches of follicular ulceration. During these severe general symptoms no change was observed in the above-described condition of the penis. The administration of the bromide of potassium was discontinued on the evening of the 19th, and a mixture of chlorate of potash and decoction of bark ordered.

On February 24th, when the febrile symptoms had passed off, an ointment composed of equal parts of extract of belladonna and mercurial ointment was prescribed, and the patient ordered to smear this, twice in the day, over the surface of the perineum and the skin of the hard and erect penis. His mixture was discontinued, and a full diet, with wine and porter, ordered.

From February 26th there was a gradual improvement in the local conditions. At the end of the month the penis, though still hard, was no longer erect. The patient stated that the pain had been much relieved since the first application of the ointment. On March 7th he was able to get up and walk about the hospital grounds. There was still some pain in the perineum, and a small and hard lump remained at the seat of the former marked prominence at the upper part of the scrotum. The use of the ointment was continued, without causing salivation, until March 16th. On the 22nd he was discharged from the hospital, his general health being then good, and the only trace of his affection consisting in the small and rapidly-diminishing lump at the root of the penis.

ROYAL SURREY COUNTY HOSPITAL, GUILDFORD.

TRANSVERSE INCISED WOUND OF LEG IMMEDIATELY ABOVE THE ANKLE-JOINT, CAUSING NEARLY COMPLETE SEPARATION OF THE FOOT FROM THE LEG; RECOVERY WITH USEFUL LIMB.

(Under the care of Dr. MORTON.)

THIS case, for the notes of which we are indebted to Mr. J. H. Humphreys, house-surgeon, is an instance of a remarkable degree of reparative power in the lower limb, much, no doubt, being due to the youth and good general health of the patient.

G. S—, aged sixteen, a healthy-looking lad, was struck on the left leg by one of the blades of a reaping machine whilst at work on Aug. 24th, 1872. On admission into hospital, about an hour after the accident, the left leg was found to be cut through about an inch and a quarter above the ankle-joint; the foot being attached by a portion of skin corresponding to the posterior quarter of the circumference of the leg, and the posterior tibial vessels and nerve, these

being the only structures that had escaped division. The ankle-joint itself was intact. There was comparatively little hæmorrhage, and but a slight amount of shock. A ligature was applied to the torn end of the anterior tibial artery, which was seen pulsating strongly, and to three other bleeding points; and the edges of the wound were then carefully brought together by wire sutures, and the cut surfaces of the tibia placed in as good apposition as possible, though the lower fragment projected a little in front of the upper.

The wound was covered by two pads of lint soaked in carbolic oil, one on the under surface and the other on the upper, and the limb placed on a short outside splint; and the foot, together with the wound, enveloped in cotton-wool.

Aug. 25th.—Slept fairly without sedative, and feels comfortable. Slight oozing from wound; dressing left untouched. Pulse 98; temperature 98.8°.

26th.—Fresh carbolic dressing applied to anterior and internal surface of wound. Tongue thinly covered with a white fur; no other sign of constitutional disturbance.

30th.—Pulse 103; temperature 98.8°. Wound commencing to heal; very little suppuration. Tongue still slightly furred.

Sept. 4th.—Separation of ligatures; and sutures removed from upper (inner) surface of wound, which continues to heal. Still slight suppuration.

5th.—Fresh splint applied, and sutures removed from under (outer) aspect of wound, where cicatrization is advancing even quicker than on the upper surface. Fresh carbolic lint was applied to the under surface for the first time since the application of the splint.

The case continued to progress favourably, and in a month from the time of the accident the wound had filled up, with the exception of one spot, about the size of a threepenny-piece, opposite the extensor tendons of the toes, which continued to discharge slightly for several weeks. At the end of three months, however, this had closed, and the cicatrix was contracting.

He was now allowed to get about, at first with crutches, and afterwards with a stick, bearing some weight on the foot, till at length he was able to do without any support; but, owing to the loss of the use of the extensor tendons of the toes, the points of the toes had a tendency to catch on the ground when he raised his foot to take a step. To obviate this to some extent, he was supplied with a pair of laced boots, with strong leather sides, reaching well up above the ankle.

He was discharged on Jan. 14th, 1873, able to walk fairly well.

EDINBURGH ROYAL INFIRMARY.

HYPERTROPHIC LUPUS OF THE VULVA; COMPLICATION WITH PREGNANCY.

(Under the care of Dr. MATTHEWS DUNCAN.)

J. W.—, aged twenty-one, admitted October 28th, 1872. The patient is married and has had two children, both born alive at the full time, but both died when about six months old. Complains of swelling of the left side of the vulva, which is painful and itchy, and from which a thin red-coloured discharge proceeds. The patient states that twelve months after her marriage she felt a swelling on the left side of the vulva, which has gradually increased in size up to the present time. She is now seven months gone in pregnancy. Appetite good; bowels regular; pulse 96; temperature 99°.

On examination, the hips show numerous varicose veins, which in some places are much distended; but there are no varicose veins in the legs, the dilatation beginning above the knee, and being most marked over the hips and upper part of the thighs posteriorly. Anteriorly projects a large mass, consisting of the labia and perineum very much hypertrophied, the left labium being the larger. The chief enlargement seems to be simple hypertrophy of the labia majora, and of the labia minora to a less degree. The veins seen in the labia are dilated and tortuous. From the level of the urethra back to the anus the parts are irregularly nodulated, the nodules being hard, tender, and ulcerated in

many parts, the inner ulcerated surface yielding a thin watery fluid. Under the microscope this fluid is seen to consist of numerous corpuscles of various kinds, pus, epithelial scales, compound granular corpuscles, bacteria, and a watery plasma, the last greatly predominating.

The patient, being seven months pregnant, was advised to go home and return after her confinement.

On February 3rd, 1873, the patient returned. She was delivered five weeks ago of a child, which died shortly after birth. The swelling of the vulva has diminished very considerably in size.

11th.—The lower part of hypertrophied and ulcerated right labium was amputated by means of the galvanocautery. There was remarkable absence of venous oozing after the separation of the diseased structures, but several arterial branches bled freely, and had to be secured by ligature. The operation was performed slowly, the amputated part being gradually removed.

12th.—Slept well during the night. Suffers no pain in the part operated upon. Passes water voluntarily.

13th.—The wound is to be washed daily with diluted Condy's fluid, and dressed with a solution of carbolic acid in water in the proportion of one in twenty.

20th.—The wound looks healthy and healing-like. Discharge free from bad smell.

March 8th.—The mass occupying the position of the left labium was removed to-day by means of the galvanocautery. No venous oozing, but bleeding from divided arteries. Dressing as before. After the separation of the superficial slough her health quickly improved, and at the end of the month she left the hospital while the wound was still imperfectly healed.

This case is especially interesting on account of the complication with pregnancy, and the important observation made was the great hypertrophy of the affected parts while pregnancy lasted, and then great and rapid atrophy after parturition. The hypertrophy was not œdematous swelling, nor was it vascular congestion, but apparently simple increase of morbid tissue. This kind of hypertrophy occurring in uterine fibroids is explained by their position, and by the similarity of structure between the uterus and its fibroid; but such an explanation does not avail here. Dr. Matthews Duncan greatly prefers the galvanocautic or the magneto-electric caustic for operations for the removal of masses of lupus or malignant disease of the vulva to any other means. Its advantages are, that while no time is lost in the mere removal, much time and much precious blood are saved to the patient after the parts are removed. There are only a few arteries to be tied, the tiresome venous oozing which is so common in such cases when the knife is used to perform the operation being absent.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 27TH, 1873.

DR. C. J. B. WILLIAMS, F.R.S., PRESIDENT, IN THE CHAIR.

CASE OF ABDOMINAL ANEURISM SUCCESSFULLY TREATED BY PROXIMAL PRESSURE OF THE AORTA.

BY EDWARD HEADLAM GREENHOW, M.D., F.R.S.,
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In the year 1864 Dr. William Murray, of Newcastle-on-Tyne, communicated to the Royal Medical and Chirurgical Society a "Case of Abdominal Aneurism cured by Proximal Pressure upon the Abdominal Aorta." The patient remained well for six years, and then died of a second aneurism. It was found that the remains of the original aneurism consisted merely of a fibrous mass, and that complete collateral circulation had been established by the enlargement of vessels both on the outside and inside of the abdominal cavity. Last year a similar case, cured by the same means, was communicated to the Society by Dr. Moxon and Mr. Durham, of Guy's Hospital. These are the only two such cases which have as yet been fully recorded; and the author trusted that the report of a third case would not be considered superfluous, more especially as in this latter some