would afford to my mind ample evidence of their mistake. Nothing but continual and powerful respiratory efforts could induce such appearances as were present in those lungs.

There seems at present considerable difficulty in ascertaining the real cause of these singular pathological changes. I cannot believe them, as I at first supposed, to be the result of inflammation, for there are no evidences, but atrophy, of that state having pre-existed; nor do I think the cases are benefited by antiphlogistic treatment; on the contrary, nourishment carefully administered, with tonic medicines, change of air, and encouraging, by warm clothing, the action of the skin, form the plan that has proved most successful in these patients.

The one point on which I feel decided is, that the carnification occurring after birth is in some way connected with the respiration of impure air, though it is not easy to determine how these organs are led by occlusion of the air-cells to become impermeable to the vitiated atmosphere around them.

Artillery-place, Finsbury-square, April, 1846.

AN ACCOUNT OF A CASE OF HYPERTROPHIED SCROTUM AND PENIS; ITS EXTIRPATION BY OPERATION, AND RECOVERY.

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JOHN S—, locksmith, aged forty. His disease originated about four years ago. The skin of the scrotum is in parts warty, having fissures in others, and ulcers, leading to short sinuses, from which serous pus can be squeezed. He is naturally phymosed to such an extent as that the prepuce appeared like a second glans penis, of about 2.5 in diameter. Twelve years ago he had stricture; four years since, urine extravasated, and the scrotum commenced enlarging after urinary abscesses. For twelve months past the penis had enlarged, and was still increasing in size.

Nov. 14th, 1845.—Two inches of the prepuce and the diseased growth were cut off, and catheter No. 7 was introduced.

18th.—Incisions were made into the scrotum by laying open sinuses.

28th.—Ulcers of the incisions discharge pus freely, and pressure was made laterally, by compression with bandaging and strapping; oedema prevented by raising the tumour.

Dec. 22nd.—Cicatrix of prepuce again growing, so as to obliterate the orifice of the urethra.

Jan. 22nd, 1846.—Although the tumour occasionally diminished, yet there was no probability of recovery from the disease. Pressure had received a fair trial, both in the country and in the metropolis. Health suffering from long confinement in hospital, and from the drain kept up from the sinuses. Urethra now quite sound, and no fistulous communication with the sinuses below. Returned to the country, his case being generally considered incurable, or an operation dangerous, if not unjustifiable.

March 1st.—Came to town much restored in health. It was deemed expedient, in consultation, to extirpate the disease.

Operation.—One hour previously seventy drops of laudanum were administered, in order to produce a sedative effect, and to obviate, in some measure, the shock of the operation on the system. The patient being placed on a table, as for the operation of lithotomy, the tumour (fig. 1) was gently raised on the abdomen. Two superficial incisions were commenced, in the form of an isosceles triangle, in the perinæum, the apex pointing backwards, extending through the integuments. The tumour was then turned down, and by its own weight and pressure suppressed hæmorrhage. A long and deep incision was then made, commencing from the external abdominal ring, and terminating at the inferior part of the right testis. The cord was exposed and isolated, and with the testicle carefully dissected out, and reflected on the abdomen. The same was effected on the opposite side, the operator being most scientifically assisted by Messrs. Lane, Pettigrew, Spitta, and others. A large lateral flap was then immediately formed on each side of the tumour, joining the corresponding sides of the isosceles triangle in the perinæum, by a rapid thrust of the catlin. Assistants were in readiness to place their hands on the bleeding surfaces, and suppress hæmorrhage; the superior extremities of these last incisions were joined by one carried under the root of the penis, which organ being drawn up, the

FIG. 1.

Vertical circumference of scrotum, 26 inches; lateral ditto, 24 inches; penis and scrotum, 7 inches. *a* About level of glans.

tumour was, with all due expedition, dissected off from the root of the penis and perinæum. Pressure being still continued, a circular incision of the integuments of the penis above, about an inch and a half in advance of the pubes, was made, dissecting up just so much of the surviving healthy integuments. A rather bold longitudinal incision was now carried to the dorsum penis, taking care to avoid wounding the elongated prepuce, (that part which Nature arbitrarily adapts to her purposes, whether of mucous membrane or skin,) and having cleared away this morbid semi-cartilaginous mass, the prepuce was reflected (as exhibited in the diagrams, figs. 2 and 3) so as to meet the portion of healthy integument at the pubic extremity, there to be united by suture.

FIG. 2.

A VERTICAL SECTION.

a, a, Prolonged mucous membrane, or prepuce.
b, Glans.
c, Orifice whence the urine escaped.

FIG. 3.

PERPENDICULAR VIEW OF THE SAME MUCOUS MEMBRANE.

a, a, Reflected back on the penis, and meeting the healthy portion of skin, *b*, saved from the root.
c, Point of suture.

The operation being thus terminated in about ten minutes from its commencement, the divided surfaces readily admitted of adaptation, as represented in fig. 4. Interrupted suture, compresses, and a T bandage, terminated our efforts to relieve the patient from a disease which was a burthen to him. A quart of blood may be stated as the maximum quantity lost, which was chiefly venous. A gum-elastic catheter was introduced into the bladder, secured by a stopper, so that the urine might be carefully drawn off, and none fall on the wounds.

Details of the case after operation.—Seven P.M.: Six hours after the operation. Has vomited; pulse 108, evidently showing the effects of the loss of blood; considerable malaise and depression, though no pain. Nevertheless, the prognosis is by no means unfavourable. Has dosed at intervals. A small quantity of brandy-and-water was administered. This remained for half an hour on the stomach, and was then rejected

FIG. 4.

a, Catheter to prevent urine falling on the wounds.
Urine drawn off when requisite.

but the third vomiting was followed by considerable relief and sufficient reaction. Effervescing draughts to relieve the sympathetic irritability of the stomach, to which were subsequently added three drops of hydrocyanic acid.

15th.—A slight tendency to slough from tension of the parts appearing in the subcutaneous cellular texture of the right scrotum. The bandages were entirely removed; cold water dressings were alone applied.—Nine p.m.: Vomiting ceased; pulse good, 104; tongue slightly furred; no pain; thirst is the only symptom complained of. Continue the cold water dressings to the wound; omit the hydrocyanic acid draught.

16th.—Ordered chloride of mercury, four grains; compound extract of colocynth, eight grains. Mix. To be followed in four hours by a saline aperient.—Noon: The sutures all removed in consequence of a slight tendency to slough in the subcutaneous cellular texture opposite the right testicle, which appeared to be owing to the tension of the parts by the sutures. Plastic exudation had united the whole line of the wounded surfaces, excepting at the posterior-inferior part of the scrotum. It was judged expedient to make an incision into the discoloured spot over the right testicle. A poultice of linseed-meal and finely-powdered charcoal, sprinkled with a solution of the chlorinated soda.—Ten p.m.: Bowels freely relieved; complains of pain in the course of the spermatic cord and vas deferens on the right side, which is owing to the testicle on that side having protruded through the incision. Continue the poultice; fomentations to the abdomen. Chicken-broth and beef-tea.

17th.—Pulse 84, and soft; countenance and expression good; some appetite; wound gaping in some parts and suppurating; portions of sloughed cellular membrane coming away. Continue the poultice. Arrow-root and beef-tea.

18th.—Has slept soundly; wound suppurating freely. Castor-oil.

19th.—Half a grain of muriate of morphia last night, as he was restless, and complained of pain and sickness. Tongue cleaner and moist, bowels having been freely opened by the oil. Repeat the morphia.

20th.—Much improved; wound granulating.

21st.—Slight slough on surface of right testis. Ordered sedative solution of opium, three minims; sesquicarbonate of ammonia, four grains; solution of cinchona, (?) five minims; camphor mixture, an ounce. Mix for a draught, to be taken every four hours. Repeat the muriate of morphia at night. Apply lint on right testis, dipped in balsam of Peru, under the poultice.

22nd to 26th.—In every respect has been doing favourably; appetite and digestion good; luxuriant granulations.

April 7th.—The advancing granulations have surrounded the protruded testicle, and have nearly covered it in; there is no pain, and he is able to walk about the room; has full diet, with porter, &c.

Remarks.—In THE LANCET of the 28th of February last, I published an account of my experience of the disease, as it occurs in the East. There can be no question of the identity of the pathology of this case with those on which I have so frequently operated with success in India, only the malady in this instance had its starting-point from a fistula in perineo, whereas in most cases it originates in a local inflammation of a peculiar kind, (vide my communication in THE LANCET,) without any such specific cause. The morbid growth once established, the nature of the affection is quite identical in both. Accordingly, the investigations of Mr. Quekett, of the Royal College of Surgeons, which I have the pleasure of annexing, are quite confirmatory of what I have ascertained of the pathology of the disease in India. Mr. Quekett observes,

“I have carefully examined the tumour which was forwarded to me by Mr. Guthrie, on Saturday, March the 14th, and below you will see the result of the microscopic examination.

“The weight of the tumour was nine pounds, two ounces; in colour it was a dull white; in some parts it was hard and difficult to cut, whilst in others it was soft, and moistened by a fluid which contained numerous globules of oil. On submitting a portion of the soft part to the microscope, I found it to consist almost entirely of the white and yellow elements of areolar tissue, in some cases firmly blended together, in others loose and unconnected, so that the individual fibres could be distinctly seen. Mixed up with these fibres there were a few nucleated cells, of a round or oval figure, and in those parts where the tissue was loose, and where it appeared to have but recently formed, long spindle-shaped cells (from which the fibres of the areolar tissue were about to be developed) were very abundant. The hard portions of the tumour were composed of the same tissues as the soft, but from having been early formed, the white and yellow fibres were so firmly blended together that some considerable trouble was required to separate them. Numerous fat cells occurred in small masses throughout the whole of the tumour. The accompanying sketch (fig. 5) will give some idea of the cells and fibres of which the hard and soft parts were composed, as seen when viewed with a magnifying power of 950 diameters.”

FIG. 5.

In the operations which have terminated unfavourably in this country, under the hands of some of our most eminent surgeons, the fatal result has been attributed either to the shock of the operation or to excessive hæmorrhage. We greatly diminish the danger of the former by a large sedative, and by not sacrificing the organs of generation. The latter danger (excessive hæmorrhage) may be obviated by due precaution, by intelligent assistants, and by expedition, as well as by the position and mode of operation I have endeavoured to explain.

The improvements of the operation over those which have so rarely been performed in Europe, are, I trust, obvious. The genital organs have always been removed with the disease; here they have been preserved: they have been almost invariably found in a normal condition, and healthy integument, as well as prepuce, has been found sufficient to cover these organs.

The operation has not escaped censure, on the following grounds:—First, that it was “unnecessary, as that pressure would be found adequate to dispel the disease.” To this I reply, that pressure had received a fair trial and failed, and it has never been known to succeed anywhere in these complaints. Secondly, it was said that the patient “would die of hæmorrhage.” Thirdly, that “the disease would return.” Fourthly, “that fistulous openings would be found to communicate with the urethra.” It is only necessary to say, that all these objections have been abundantly disproved by experience in all my former cases, and in this particular instance. The plastic adhesion and cicatrization totally seals up the parts and puts an end to all further development of this benign class of fibrous parasitic growths. The patient was discharged a month after the operation; he returned in another month from his home, and was seen, by several medical gentlemen, in perfect health, and without a vestige of the disease. Need I further add, that he had been abandoned by his wife, from his sexual incapacity, and that he was totally incapable of pursuing his occupation. He is now restored to both; his health is improved, and his organs are sound.

Dorset-street, Portman-square, April, 1846.