which the fœtus would have had to traverse during labour.

It does not appear that this species of malformation has been before noticed by authors amongst the causes which may render labour either difficult or impossible. The woman attributed her deformity to a fall which she had at the age of 10 years, and to a disease which seemed consequent on it; this affection was in all probability caries of the vertebræ, which had removed the body of one of the lumbar vertebræ, for on examination there were only found four on the anterior surface of the column, though the posterior surface presented five distinct lumbar spinous processes. The patient evidently died of hemorrhage, the occurrence of which M. Bello accounts for, by saying the incision into the uterus was made at the point corresponding with the insertion of the placenta: hence, he concludes it will be proper under similar circumstances to apply the stethoscope before the operation, in order to discover the insertion of the placenta, which may thus be avoided.—(*Transact. Medic. September 1833.*)

CASE OF

ELEPHANTIASIS OF THE SCROTUM,

WEIGHING FIFTY POUNDS, SUCCESS-
FULLY EXTIRPATED

BY M. CLOT-BEY.

ALI MAHMET, gardener, forty years of age, living for the last twelve years at Alexandria, tall in stature, and of strong constitution, was received into the General Hospital on the 15th of July, 1833, with a tumour of the scrotum, which presented the following characters:—The form of the tumour was oblong and spheroidal, with a broadish base, measuring in circumference forty-four inches from top to bottom, and thirty-nine inches from before backwards; the estimated weight being from forty-five to fifty pounds. The tint of the skin was of an obscure dark-gray brown, altogether characteristic of the disease; here and there some globular granulations varying in size from a small pea to a nut seemed to sprout from its surface; an excoriation on the left side of the raphe of the scrotum gave issue to a small quantity of a colourless and inodorous serum; the tumour was not sensible when pressed lightly, but if the pressure were gradually increased it became intolerable; the patient generally feels a slight sensation of pain, which is

continued, but is very feeble. The sound of the tumour is dull on percussion; there is no ballottement or resonance, only a slight shock is transmitted through the swelling, which, joined to the external uniformity of appearance, made it extremely probable that the tumour was of the same nature as those formerly extirpated by M. Clot-Bey. When the growth of the tumour had reached two years, its size was about double that of the scrotum, and up to the twentieth year of the patient's life the progress was progressive, at which time it was fully as large as a young child's head. During the four years which followed the last period indicated, there were alternations of erosion and discharge of serosity, with suppression of the discharge, constantly in the spot before mentioned, which the patient seemed inclined to regard as the point primitively affected. During the fifteen or eighteen years following, its increase was proportionately more rapid; and as the tumour advanced it brought forward with it the integuments of the penis, which was at length completely removed from view, leaving no trace of it except a small linear opening; however, by compressing the tumour, and pushing backward the pubic portion of its covering, the patient could expose the glans penis to the extent of an inch and a half; by this means he was still able to copulate, and had several healthy children by his first and second wives. In the state now described Ali Mahmet, by the advice of M. Clot-Bey, came into the hospital on the 16th of July, to undergo an operation; he was put on an appropriate regimen, and the tumour was removed on the 31st of the same month, in the presence of the principal hospital surgeons of Alexandria. M. Clot announced his intention of operating in a manner totally different from that hitherto used by him. The patient was placed in a position as for the high operation of the stone; two lateral incisions, about six inches long, parallel, and distant from each other five inches, were first made, and then united at right angles by a third incision, stretching horizontally below the orifice through which the urine flowed; by this means that portion of the prepuce, extending from the base of the glans to the extremity of the anormal orifice, was preserved for the length of an inch and a half, and turned back upon the penis. The flap was now dissected off from the penis, and turned away towards the pubes, after having been separated above from the prepuce by a transverse incision; the glans, prepuce, corpora cavernosa, and canal of the urethra, were now exposed in turn rapidly, and the

operator proceeded to seek for and lay bare the spermatic chords and testicles. For this object two lateral incisions were made to circumscribe two simular flaps, extending from the superior angles of the first flap to the perineum; the spermatic chords were found very deeply situated in the tumour, from which they were separated with great difficulty. The two testicles were also found deeply placed, but healthy; they were likewise dissected away, and held up against the pubes by the hand of an assistant. As there was now no longer any danger of injuring essential parts, the operator proceeded to cut more boldly, and with a few more strokes of the knife removed the whole tumour, taking care to leave the elliptical flaps as envelopes for the testicles. No ligatures were necessary during the course of the operation, and only one was applied to a branch of the pudic artery after it was completed. The two testicles were now covered by the lateral flaps, which were united by several points of suture. The operation lasted about twenty minutes; the weight of the mass removed was fifty pounds; its structure was lardaceous in some parts, very loose in others, and infiltrated with serum. The whole surface of the wound was carefully surrounded by lint, sustained by compresses and a T bandage, and the patient removed to bed. He was in a depressed state after the operation, but the pulse was calm. At eleven o'clock he had some vomiting, throwing up, however, only the anodyne draught given him during the operation. At four o'clock he says he feels well, but the pulse is a little feeble.

Aug. 1. Fever, but passed a quiet night; tongue moist, a little red; in the evening the same state, perhaps fever a little less. *Tartaric lemonade.*

2. Quiet night; pulse calm, but frequent; the dressings are taken off; one suture has given way, and a small gangrenous eschar formed at this point; the suppuration is abundant, and the pubic region is very warm and ballonné; the patient has not had a stool for four days. *Cataplasms to the hypogastric region; laxative clyster.*

3. Has had a copious stool, and passed a quiet night; the eschar has been thrown off without enlarging; the suppuration still continues abundant, but some adhesions have taken place between the edges of the wound.

4. One stool; has passed an excellent night; the pus is of a better kind than before, and the wound is cleaning; the

greater part of the sutures came away yesterday evening.

5. Same state; the wound is quite clean, and of a good red colour; the volume of the scrotum much diminished, and the wound is much contracted. From the 5th to the 10th the wound continued to heal rapidly; no further inflammation, except that necessary to adhesion, has set in, and the patient may now be regarded as perfectly cured.

Reflections of M. Clot on the preceding case.

The process adopted in this case differed from that before employed by me, in this, that instead of taking an anterior flap to envelop the penis, I made use of the integuments of the penis itself, which had been dragged down by the weight of the tumour, forming a species of artificial canal. This method appears to me preferable, because this skin almost always preserves its natural integrity, while that of the anterior part of the pubes is often diseased, and is, moreover, covered with hair. I had in the first instance preserved the superior flap, not knowing exactly in what state I should find the integuments of the penis, and how far I might trust to them as a covering for the organ; but in the end I thought it right to remove it at the root of the penis. Henceforward, after assuring myself that the integument turned up off the penis is sound, I will proceed in a different manner; I propose to make two incisions, commencing at the pubes and ending in the perineum. I shall then circumscribe by two elliptical incisions the orifice of the anormal opening; and having dissected away the flaps, disengaged the penis and testicles, and cut through the pedicle of the tumour, I would bring the flaps together, and place the superior angle of the flap surrounding the orifice in the obtuse angle of the flap first formed, doing the same with the inferior angle. This process seems to me more rational and simple. I have been able to arrive at this idea only successively, as no assistance could be derived from authors, who offer no fixed rule on the subject. This operation may give rise to some other reflections on the causes and nature of this disease; for this patient, as well as two others before operated on, was an inhabitant of Rosetta, and it would appear that the malady was not constitutional, as the wound healed perfectly well and rapidly.