hemorrhage had taken place in the night, but it had now completely stopped; the urine freely passed, and a poultice was applied to the wound, which had now become considerably inflamed and swelled. A slight hemorrhage returned two or three times, generally in the night, but the inflammation and swelling soon subsided, the bleeding disappeared, and the surface began to granulate.

With regard to the necessity of introducing a bougie or tube to prevent contraction of the orifice of the urethra after the operation, in ordinary cases, surgeons do not appear to be unanimous. The late experienced Mr. Hey, of Leeds, advocates the occasional introduction of a bougie; vide "Practical Observations on Surgery," chap. xiv, on cancer of the penis. Sir A. Cooper says—"When the surface begins to granulate, a piece of bougie, two inches long, is to be worn constantly in the urethra, to prevent its contraction, otherwise it gradually closes as the wound heals, and produces retention of urine." Vide his lectures by Tyrrell,* vol. 2, p. 324. Mr. Lawrence, no mean authority, in his 75th lecture, as reported in *THE LANCET*, vol. 2, p. 771, advances a different opinion. These are his words:—"I have never found it necessary in amputation of the penis to do that which is recommended by most systematic writers; that is, to introduce a bougie or catheter to keep the remaining portion of the urethra open. The truth is (continues Mr. Lawrence), that this proves an additional irritation; the patient makes water very well after the operation, and the introduction of such a substance creates an uneasiness which is not at all called for, so that you may dispense with the bougie with great safety." This I considered a favourable opportunity of ascertaining the merits of the treatment inculcated by either of the above eminent surgeons, whose opinions are likely to influence the practice of the rising part of the profession, and not liking to give my young patient any unnecessary pain, I resolved to adopt Mr. Lawrence's practice.

The stump was simply dressed with spermaceti ointment, which was changed each time it became necessary to pass urine; and as the boy seemed to long to see his parents, who lived about four or five miles in the country, he was allowed to go home. When he returned home, however, at the end of about nine days, I found the wound nearly healed, and the orifice of the urethra so contracted, that the point of a very small probe could hardly be introduced, and had the above treatment been persisted in a few days longer, I am convinced that complete retention would have taken place. With

much difficulty a very small bougie was introduced; after this had been kept constantly in the orifice till the next time of making water, it was replaced by a larger bougie, and in four days the urethra admitted a common-sized bougie. At the end of a fortnight this was discontinued for 24 hours; at the close of which short time the urethra was again found very considerably contracted; the bougie was again recurred to, and it has been constantly retained till the 12th of September, a period of nearly a month since its first introduction.

From the following passage in the lecture above quoted of Mr. Lawrence,—“The operation is very simple; in the first place, you cut circularly round the integuments of the penis, and when those have retracted as far as possible, you cut through the body of the penis; the integuments will then be loose enough to admit of their being brought together over the stump of the penis,”—it would appear, that he thinks it advisable to save as much of the integuments as possible. As far as the present case allows me to judge, I think the preservation of integuments in amputation of the penis, not only unnecessary, but, as Sir A. Cooper observes, “a great evil, by preventing a free escape of the urine.” The late Mr. Pearson was likewise of this opinion. Vide his “Practical Observations on Cancers,” page 103. It is due to Mr. Lawrence further to observe, that Mr. Pearson, in the same work, disapproves introducing cannulæ in this operation, as painful and unnecessary.

It may be perceived, that I attempted to preserve no integuments in the above case; yet they appear to overlap the extremity of the stump so redundantly as not to offer any impediment to the complete erection of the penis in future.

Llandoverly, Sept. 13th, 1832.

EXTRACTION OF CALCULI

FROM THE BLADDER, BY

WEISS'S URETHRA DILATOR.

To the Editor of *THE LANCET*.

SIR,—I beg, through the medium of your valuable publication, to add my testimony to that of Mr. Brougham, surgeon, of Falmouth, whose communication you published in July last, in favour of Weiss's urethra dilator, in the extraction of calculi from the female bladder.

Mary Thayer, ætat. 20, of chlorotic habit, consulted me in Feb. 1830, with symptoms characterising stone in the bladder, for which I was induced to prescribe various alkaline medicines, but with temporary re-

* Copied verbatim from *THE LANCET*.—ED. L.

lief; the symptoms, after two weeks duration, returned in a most aggravated form; therefore, seeing no other alternative, I introduced a sound, and proved the diagnosis to be correct. Having explained the nature of her case, the patient felt anxious to have relief afforded as speedily as possible, I therefore proposed an operation by Weiss's urethra dilator, to which she readily consented, and which accordingly took place on the following morning. The patient being placed nearly in the usual position for lithotomy, I introduced the dilator, and continued gradually to expand the blades, until they were separated to their greatest extent, about an inch and a half, which occupied about forty minutes. Having allowed the dilator to remain in the urethra twenty minutes, I withdrew it, when, to my great satisfaction, the natural efforts of the bladder expelled a calculus of the size of a walnut, without materially increasing the severity of the patient's sufferings. On being placed in bed, forty drops of *tinct. opii in camph. mist.* ʒiss were given. On visiting her next morning, I found she had passed a comfortable night, having had several hours refreshing sleep; felt easy; tongue clean; pulse 87; skin moist; bowels not open since the operation. Ordered

Ol. ricini ʒvj;
Liq. potassæ gtt. xxx;
Aq. distill. ʒj.

In the evening her bowels were comfortably relieved; passed her urine several times with less pain than before the operation.

From this time her health gradually improved, and for three weeks everything went on in an uninterrupted way towards recovery, when she began to experience pain in the region of the left kidney, increased by pressure and motion, difficulty of making water, pain and numbness of the leg and thigh—in short, every symptom denoting stone in the bladder had again appeared. To enumerate them would be merely a work of supererogation. Suffice it to say they were of an aggravated form. The patient expressing her belief that stone had again passed from the kidney into the bladder, and finding its natural efforts insufficient for its expulsion, I, at her earnest desire, had recourse to the operation in the manner above detailed, which was repeated three different times, at intervals varying according to the urgency of symptoms; the bladder, at each time after the operation, expelled two, and sometimes three calculi from the size of a walnut to that of a hazel nut. I have not since had occasion to use the dilator, and feel pleasure in saying the patient has still the power of retaining her urine as well as before the operation, con-

sequently, it is reasonable to suppose that Weiss's urethra dilator will, I should say, in every case, supersede the operation by the knife in calculi of the female bladder. I have the honour to be, Sir, your obedient servant,

JOSEPH LOVEGROVE, M.R.C.S.
 Horsham, Sept. 13, 1832.

ON THE
 ANTISEPTIC PROPERTIES
 OF THE
 HYDROCHLORATE OF TIN.

By Dr. TAUFFIER, of Strasburg.

ALCOHOL, which has hitherto been generally used in the preservation of animal substances, offers many inconveniences, which, in some instances, may render its antiputrid properties nearly useless. Without speaking of the high price of this liquid, which renders its employment very expensive, especially in putting up of large anatomical specimens, it would be sufficient to point out the almost disorganising action which it exercises upon the animal tissues, to demonstrate the want of a menstruum which does not present these disadvantages.

Various substances have already been proposed to replace the alcohol, but none have as yet been found to merit a very marked preference.

The substance of culinary salt, of salt of nitre, of alum, of sulphate of zinc, which have been recommended as retarding putrefaction, oppose but a feeble barrier to the disorganization of the parts.

Corrosive sublimate preserves, it is true, animal substances from putrid decomposition, but it hardens and discolours these matters, and finally renders them indistinct by a chemical action, which it exercises on them. Many examples have also proved, that the employment of this mercurial salt is not without danger to the operator.

The *persulphate of iron* in solution has also been recommended as an antiseptic liquor, but it has the inconvenience of covering the parts to be preserved, with a yellow crust of sub-sulphate and oxide of iron. To establish this fact, I used a solution of the trito-sulphate of iron, which had for three hours been exposed to the contact of the air. Some muscular flesh, which I immersed in this liquid, resisted putrefaction for eleven months; but it became covered with a coating of sub-sulphate of iron which prevents the distinguishing of the organic structure. The liquor becomes decolorated, and in lieu of the trito-sul-