A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

REMOVAL OF A FATTY TUMOUR.—DIVISION OF FISTULA IN ANO.—PLASTIC OPERATION FOR THE CURE OF EPISPADIAS.—CLINICAL REMARKS.

(Under the care of Mr. WOOD.)

ON Sept. 17th, Mr. Wood removed a fatty tumour from the shoulder of a woman a little above middle age, divided a fistula in ano, and performed one of a series of plastic operations for the cure of epispadias in a lad about thirteen years of age.

In the removal of the tumour Mr. Wood said that he had observed certain precautions, some of which had prolonged the operation to an extent which might at first sight seem unnecessary. These had been: First, to devote special care to the dissection of the tumour from the skin, to which it was very firmly attached, though only loosely connected with the trapezius; otherwise button-holes might have been made in the skin. Secondly, the tumour having several tails burrowing in different directions, it had been necessary to ensure that no portion remained behind to form the starting-point of a new growth; neglect of this precaution led some people to believe in recurrent lipomata. Another danger to be averted was suppuration of the exposed surfaces; with this object torsion had been employed instead of ligatures, wherever the former method was applicable, in order to avoid as far as possible the irritation liable to be produced by threads; and the part had been dressed with chloride-of-zinc lotion—a preparation in which Mr. Wood said he had great confidence, especially after the removal of tumours, as preventing putrescence; also he had endeavoured, by making the most dependent part of the incision the shallowest, to prevent any bagging of the discharge.

The fistula in ano was a complete one, and had originated in a small abscess which had opened into the rectum. A considerable portion of the track ran in a direction at right angles to that which led to the external opening, and was so small that the director could only be passed along a probe as a guide. Another equally fine sinus was found to terminate under the skin. They were each of them laid open and dressed with oiled lint. Mr. Wood said that had the fine upper track leading into the rectum been missed, the operation would have proved quite useless, and left the patient subject to a speedy return of all his old suffering and inconvenience. It was necessary to explore these cases with great care, as the laying open of any track, however minute, passing under the fibres of the sphincter was absolutely essential; it was also desirable, though not essential, to incise any external sinuses that might exist.

The subject of epispadias had been operated on several times before. A flap had been taken up from each groin, and, at a subsequent operation, the loose tissue of the scrotum had been carried upwards, the testes taking up a very good position at the anterior margin of the perineum, one on either side of the raphé; by these means a prepuce had been provided for the glans, and a canal constructed for the passage of urine. There now remained only a small opening two or three inches above the glans, which permitted an escape of urine whenever the patient was in a recumbent posture, and had resisted two attempts to close it. Mr. Wood took up a lancet-shaped flap about three inches and a half long and two broad, the terminal portion of which came from the inner part of the left thigh, adjoining the attachment of the adductor

muscles. Above, where the flap was twisted on its base, a gusset was cut out to remove a large wrinkle, and, the edges of the opening having been pared with the least possible loss of tissue, the cicatricial tissue forming its margin was, by careful dissection, split horizontally to a distance of from a half to three-quarters of an inch, to reach healthy tissue, and the margin of the circular end of the flap was dovetailed between the two layers so formed, and held in position by means of numerous silver sutures. This portion was then painted with collodion. By flexing the thigh on the body, and rolling it inwards so as to relax the integument, and bringing the edges of skin together with silver sutures over the line of the groin, the raw surface left by the reflexion of the flap was nearly covered over, and the thigh then fixed in its flexed position by means of strapping and bandages. Mr. Wood said that he had shaped the flaps so as to avoid as much as possible the cicatrices of previous operations, and by carrying up a perfectly healthy piece of skin attached to a base broad enough to contain an abundance of nutrient vessels, he hoped to ensure success; the union on which he depended would take place between the contiguous raw surfaces of the inferior aspect of the skin and the lower layer of the split covering of the bladder. The patient would be placed in bed in a sitting posture, with the knees drawn up to the chin, for the twofold purpose of avoiding tension on the sutures and of ensuring the flow of urine from the urethral passage. Ten days later, the flap had become entirely adherent, and the operation appeared likely to be a success.

AMPUTATION OF THE GREAT TOE FOR PERFORATING ULCER OF THE FOOT; CLINICAL REMARKS.

(Under the care of Mr. HENRY SMITH.)

The patient was a man past middle age. The great toe of the left foot was drawn up to a right angle with the dorsum, and in the plantar aspect of the ball of the toe was a pus-discharging, fistulous opening. Mr. Smith said that the case was one of perforating ulcer of the foot; and was interesting because an example of a disease not much noticed in books, and requiring amputation—a mode of treatment at first sight unduly severe, though, in fact, none other could be of any avail. As in the present instance, where there had existed for five years a purulent discharge, increasing deformity, and considerable pain, the affection generally commenced with a corn or bunion, in which suppuration took place, and, undermining the tendons, proceeded to disorganise the joint beyond all hope of repair. In consequence of the great distortion, Mr. Smith was obliged to make incisions different from those laid down in books, and it was found difficult to obtain a satisfactory flap in consequence of the extensive disease and thickening of the soft tissues around; but by carefully planning the incisions, and removing a sufficient amount of bone, a good flap was formed. The case, on inquiry ten days after the operation, was found to be progressing well.

UNIVERSITY COLLEGE HOSPITAL.

IN THE WARDS WITH MR. CHRISTOPHER HEATH.

ON the 23rd instant we visited this hospital with Mr. Christopher Heath, who, during the absence of Mr. Erichsen and Sir Henry Thompson, has the charge of their wards, and saw, among others, the following interesting cases:—

Two cases of skin transplantation of a fortnight's standing. One was that of a woman who had undergone amputation of a carcinomatous breast, involving considerable loss of skin; the other a man suffering from severe eczema of the leg, which about the middle third had resulted in a large and obstinate ulcer. In both instances the result was very satisfactory, but especially in the latter, where the transplanted centres had been placed in a rather unpromising soil, and had expanded into circles of about the size of a sixpenny piece.

A case of extensive ulceration of the integuments of the leg in a child. The ulceration had the appearance and character of a tertiary affection, and Mr. Heath believed it to be the result of a hereditary taint. He put the patient under iodide of iron with local mercurial treatment, and held out great hopes of a favourable result.