

operation, although its appearance was anything but favourable, as he remarked, to warrant this procedure.

March 8th.—The patient was brought into the operating theatre, and placed under the influence of chloroform. An incision was made in the median line from the forehead, across the ridge of the nose, through the left nostril, and then the upper lip, and the flaps were dissected outwards, and reflected back, the left first, and then the right. At this stage of the operation, the chloroform suddenly seemed to disagree with the man, as very loud stertorous breathing set in with rigidity of the jaws, and much bleeding was going on in the fauces and pharynx. Its administration was, therefore, stopped, the mouth cleared of blood, and the operation was rapidly continued. The diseased mass was quickly isolated, and carefully dissected away, and the whole was fortunately removed, after detaching its posterior adhesions in the back part of the nasal cavity. The great hollow thus left gave a most uncouth aspect to the man's face; but it showed the incorporation or absorption of the entire nasal bones and cartilages, their position being occupied by this tumour, which exceeded in size an ordinary orange, only somewhat lobulated, and more or less friable. The cavity was filled with a plug of cotton wool, fastened by a thread, and the parts were now brought together by means of stitches, except the lip, the cut edges of which were reconnected by pins, and a very decent appearance was obtained.

The tumour had not occupied any portion of the antrum on either side, but was exclusively developed within the cavity of the left nostril, spreading to the right, after destroying the septum, and absorbing the cartilages and bones of the nose, thus forming one large continuous mass, which produced such great deformity by bulging out on either side. On section, it somewhat resembled cancer, although there was some doubt as to its nature till a microscopic examination was made.

15th.—The patient was brought into the theatre, and shown to the pupils. He had gone on without a single bad symptom; the line of incision through the nose had completely united by first intention, but the pins in the lip were not yet removed, a small portion remaining ununited, from a constant habit, since the operation, of moving the lip. Mr. Lawrence stated that the tumour had been examined with the microscope, and contained no evidence of malignancy, but he thought, nevertheless, that it might return. The relief is therefore but temporary, although very great to the poor man. He hoped, however, it might continue for some time.

18th.—The pins still remain; the habit of moving the lip still continues; breathing is perfectly free in both nostrils; the patient is going on well.

22nd.—Pins removed; a small piece of the lip is unhealed, but is uniting by means of a strip of plaster; a little food getting through the lip has retarded union, as well as the patient's movements; no sense of smell nor taste.

29th.—Some slight swelling is present on the left side of the nose, the discharge from which is becoming offensive.

April 2nd.—He left the hospital.

#### LONDON HOSPITAL.

STONE IN THE BLADDER OF A BOY, ASSOCIATED WITH PHYMOSIS; NEW OPERATION FOR THE LATTER; SUBSEQUENTLY LITHOTOMY; RECOVERY.

(Under the care of Mr. CURLING.)

A BOY, aged seven, was admitted into the hospital on account of incontinency of urine and painful micturition. Mr. Curling suspected the existence of stone in the bladder, and on proceeding to pass a sound, found the prepuce extremely elongated, and the orifice so contracted that he was unable to expose the orifice of the urethra.

On the 29th of March, Mr. Curling performed the following operation for phymosis, when the boy was under the influence of chloroform:—Taking a long, slightly-curved needle with a handle, and its point guarded by a piece of wax, (fig. 1,) he introduced it at the orifice of the prepuce, and carried it onwards above the glans penis to about a quarter of an inch from the corona, where it was thrust through the foreskin. The prepuce being raised and drawn forwards by means of the needle, a pair of curved forceps, with rough grooves inside the blades, was applied between the needle and the glans penis, so as to isolate the orifice and a large portion of the prepuce, (fig. 2.) These parts were then excised by a single stroke of a bistoury, carried along the convexity of the forceps. The cut edges of the skin and inner membrane were afterwards neatly adjusted, and secured with six fine silk sutures, which were

removed on the second day. The operation was followed by a little cedema, and a slight sore at the under part, consequent on the constant dribbling of the urine; otherwise the parts united well by adhesion.

FIG. 1.

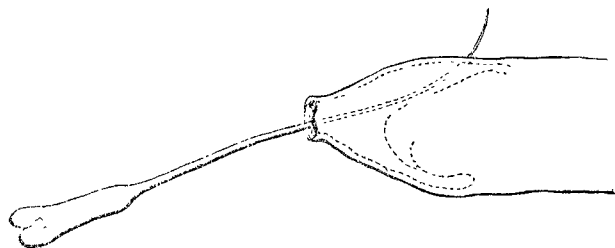
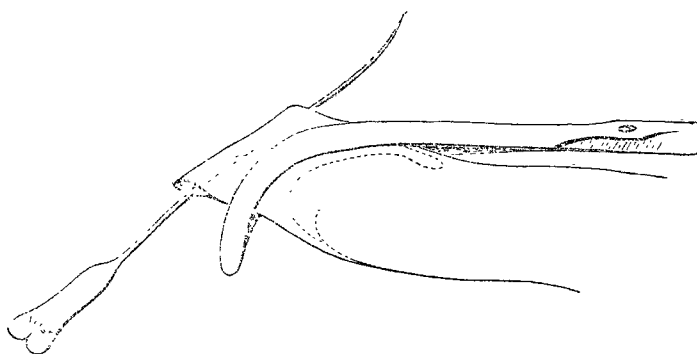


FIG. 2.



Mr. Curling remarked that this was a modification of, and an improvement in, the most recent operation practised by Ricord of Paris; and in cases in which it was considered desirable to excise the foreskin, this mode of proceeding answered admirably, the wound caused by the division of the skin so exactly corresponding with the section of the inner membrane as to admit of a very accurate apposition of the divided parts, and of perfect union by adhesion.

March 11th.—Chloroform having been administered, Mr. Curling operated for lithotomy, and extracted a flat calculus, of a circular form, the size of half-a-crown; it consisted of uric acid, with a coating of the phosphates. In his remarks on this case, Mr. Curling observed he would have preferred lithotritry; but as the stone was so large, and as the irritability of the bladder was such that it would scarcely retain any water, he performed the usual operation of lithotomy.

14th.—The patient has not had an unfavourable symptom. From this time, the progress of the case continued to a satisfactory termination.

#### MONTHLY REPORT

OF

OPERATIONS PERFORMED AT THE METROPOLITAN HOSPITALS.

#### ST. MARY'S HOSPITAL.

THE return sent us by Mr. G. G. Gascoyne, the house-surgeon, shows fewer operations during the past month of March than is usual in this hospital. Amongst them we select the following as being the most important:—

##### REMOVAL OF NECROSSED BONE.

This was the case of a man, aged thirty-eight, from whose thumb Mr. Ure removed the distal phalanx. The disease had lasted eighteen months, and was the result of a thecal abscess. The patient is doing well.

##### REMOVAL OF TUMOURS.

A very large, fatty tumour, growing from the left groin of a man, aged fifty-four, was removed by Mr. Walton. It was attached by a pedicle, so that it hung down in front of the thigh. It had been steadily increasing for twenty years; and, when first noticed, it was the size of a bean. He was cured.

##### FISTULA IN ANO.

This was a case of double fistula in ano, one on either side, of a man, aged twenty-four, by occupation a steeple-chase rider.