however, developed on the type of compound serous cysts, with broad bases, were generally of small size, and filled with thick, viscid, gelatinous fluid. Projecting from the upper wall of the vagina, a little posterior to the urethral orifice, and in the situation from which the three tumours had been removed, was a conical elevation, nearly an inch in height, and having a broad base, the long diameter of which measured about one inch and a half; it was covered with mucous membrane, of a thickened, opaque, white, leucorrhoeal appearance. The structure of this projecting body very much resembled that of the tumours removed, with the exception of its density and vascularity both being increased; it had a pale, bluish-white appearance, and was traversed by numerous vessels. On minute examination it was seen to consist of simple areolar tissue. The uterus was somewhat hypertrophied and greatly elongated; otherwise healthy, as was also the right ovary.

Remarks.—It is hardly to be supposed that the tumour of the urethra had any connexion with the ovarian dropsy; still the opinion might be entertained that the derangement and displacement of the genito-urinary organs had at least an indirect influence on the disease which declared itself subsequently to the patient leaving the hospital. As to the tumour growing from the urethra, it gives us an interesting instance of the success which will sometimes crown perseverance in removing abnormal growths, though there seems to be a mystery in the fact of the tumour reappearing twice so rapidly after removal, and being no longer reproduced after the third operation.

GUY'S HOSPITAL.

Stone in the Bladder; Lithotomy.

(Under the care of Mr. HILTON.)

It has often struck observers how very rapidly young subjects recover from such a severe operation as that of lithotomy; and it is satisfactory to notice that this circumstance offers great encouragement for at once ridding juvenile patients of an evil to which they are so liable. Though surgeons are accustomed to see boys of tender age quickly regain their health after the operation for stone, it but seldom occurs that the urine passes entirely through the urethra ten days after the child has been cut. Such a case, however, occurred lately among Mr. Hilton's patients; and if we are not much mistaken, we would venture to say that the judicious treatment of the boy *before* the operation, besides his good constitution, must have had considerable share in the favourable results which we are going to record.

From the notes obligingly furnished by Mr. Evans, we find that Mr. Hilton's patient is ten years of age, and was admitted on the 6th of February, 1850. The boy stated that he had always enjoyed good health till within the last four months, at which time he first began to feel pain in passing his urine, the stream occasionally stopping suddenly. These symptoms rapidly increased; the boy lost flesh and strength; the irritability of the bladder became greater; the urine could not be held for any length of time, and was frequently passed in bed. The patient has dark hair and eyes; his complexion is sallow; and when admitted he complained of difficult and painful micturition, with the usual uneasiness at the extremity of the penis. His pulse beat 84, very weakly; his appetite was indifferent, tongue coated, and bowels confined. Mr. Hilton ordered a saline purgative, with rhubarb, and proceeded the next day to sound the bladder. The No. 4 sound was passed, and Mr. Hilton at once detected the presence of a calculus, which apparently measured about three-quarters of an inch in diameter.

Treatment.—The treatment preparatory to the operation of lithotomy, which was now resolved upon, consisted in giving ten minims of liquor potassæ, and the same quantity of tincture of henbane, to be taken thrice a day in linseed infusion. The boy was likewise to have a scruple of rhubarb and calomel twice a week. As large quantities of unhealthy fæculent matter were expelled, this *clearing* treatment was persevered in for nine or ten days, after which period the evacuations improved in character, and the general health became very satisfactory. A careful examination of the urine was then instituted: that fluid was of light colour; its specific gravity, 1.022; reaction neutral; it remained unaffected by heat or nitric acid, and contained a little mucus. No crystals or pus-globules could, however, be detected by the microscope.

The patient, being thus prepared, was brought into the theatre on the 19th of February, his bowels having previously been well cleared out by castor oil and an enema.

The Operation.

Mr. Hilton, out of the variously shaped staffs in use, gave the preference to Mr. Key's almost straight instrument; this having been cautiously introduced and the stone percussed to the satisfaction of the operator and the bystanders, Mr. Hilton entrusted the holding of the staff to an assistant, and made his incision from the centre of the raphé towards the patient's left ischium. This incision was pretty free, and reached sufficiently low down; after a little dissection of the urethral muscles, fasciæ, and levator ani, the same knife (much resembling a common scalpel) which had been used for the first incision was placed in the groove of the staff, and carried into the bladder, whilst Mr. Hilton brought down the handle of the staff towards the perinæum. The forceps were then introduced in the usual manner, and the calculus rapidly extracted. The whole operation lasted about one minute and a half, and the hæmorrhage was very trifling. We mention the very short time which the operation occupied, because the patient did not inhale chloroform.

When the boy had been placed in bed he was given fifteen minims of tincture of opium, and as he was not composed in about four or five hours, eight more minims were administered, and the emulsio amygdalæ ordered to be taken if necessary. No unpleasant symptom manifested itself on the next day; the urine passed freely through the wound; there was no tenderness about the bladder, and the patient had a good night. On the third day after the operation some urine already passed through the urethra, and on the tenth day the boy was reported to have had not one bad symptom, and to be passing the whole of his urine through the urethra, though the bladder was still irritable, the patient stating that he could not hold his water. When sixteen days had, however, elapsed, the mucous membrane of the bladder regained its normal sensibility, the presence of the urine no longer irritated it, and that fluid was passed at the ordinary intervals. The wound healed very rapidly, and the patient was convalescent twenty-one days after the extraction of the stone. It is impossible not to notice how comparatively simple is the arsenal of instruments now-a-days used for lithotomy; a common-sized pocket will easily take the staff, the forceps, and the knife, and with these, as appears from the operations we have from time to time to record, the lithotomist is sufficiently armed. It seems, likewise, that in modern practice the elastic catheter with the conical hood, which we have frequently seen used, is now mostly dispensed with; and if the results are to decide the matter, it would appear that the healing of the wound is accelerated by the absence of any foreign body within the same.

The calculus was in this case analyzed by Mr. Bransby Cooper, and was found to consist, externally, of the ammonio-magnesian phosphate; within this was a layer of oxalate of lime; next to the latter came urate of ammonia, and the nucleus of the stone was formed of uric acid. The long diameter measured three-quarters of an inch; and the short, half an inch.

The patient's urine was examined a few days after admission when he had taken alkalies and sedatives for a little while, so that the composition of the stone and the nature of the urine can hardly be compared with any advantage, as regards prophylaxis; but it would certainly be interesting, and perhaps useful, if by accurate observation we could succeed in forestalling the renal concretions in young subjects, for there must certainly be something peculiar in the food or habits of the humbler classes, which gives rise to the numerous cases of stone among boys belonging to that division of the community.

KING'S COLLEGE HOSPITAL.

Division of Stricture of the Urethra.

(Under the care of Mr. PARTRIDGE.)

Since Mr. Syme has so strongly advocated the division, through the perinæum, of such strictures as will not yield to the ordinary means of dilatation, the practice has been imitated in various London hospitals, with results not quite so favourable as those referred to in Mr. Syme's book on the subject. Nor does it seem that the knife was resorted to in London when even a very small instrument could pass, and, so far as we are aware, no urethra has been incised, except it was quite impassable,* though Mr. Syme advises an operation

* Mr. Stanley's case (*THE LANCET*, Dec. 1, 1849, p. 535) is not included, as it is one of a traumatic nature. The patient has since progressed satisfactorily; he passes his urine with facility, a very small fistula being left.

when the surgeon has to deal with intractable, though not quite impervious, strictures.

The cases which we have had an opportunity of reporting (*THE LANCET*, Dec. 8, 1849, p. 617, and Feb. 16, 1850, p. 217,) were both successful. We have, however, now to mention one, lately under the care of Mr. Partridge, where the division of the stricture was not followed by such happy results; but it will be perceived by the sequel, that various circumstances, unconnected with the operation itself, had much influence on the issue of the case.

CASE.—The patient, a man, thirty-seven years of age, and of temperate habits, was admitted, on the 24th of December, 1849, under the care of Mr. Partridge, with abscess in the perinæum, which had appeared three days previously. He stated that he had twice been affected with syphilis, and once with gonorrhœa, followed by swelled testicle. Eight years ago he suffered from stricture, and was successfully treated by bougies, so that he could pass his urine in a full stream. Two months since, the stricture reappeared, with retention of urine, when he applied to a medical man, who, by passing a catheter, gave him much pain, but afforded him great relief. When admitted, he presented a deep-seated abscess in the perinæum; it was hard and inflamed, and it pressed on the urethra in such a way as to impede the flow of urine through the canal, this fluid being voided guttatim. There was also an œdematous state of the scrotum, which was tender and painful. Pulse weak and slow, and pain complained of on micturition.

Fomentations and morphia at night gave him some relief. Seven days after admission, Mr. Partridge opened the abscess, and evacuated a great amount of pus. This measure gave the patient much comfort, and he was soon able to void a small stream of urine without pain.

On the 6th of February, forty-two days after admission, the symptoms became again so alarming, that Mr. Partridge cut down upon the perinæum, just behind the scrotum, and opened two or three irregular sinuses. Ten days after this, Mr. Partridge, having found it impossible to pass an instrument into the bladder, resolved to lay open the urethra, and the patient was brought into the theatre on the 16th of February.

The Operation.

He was placed in the position for lithotomy, and brought under the influence of chloroform, when Mr. Partridge introduced a small staff down to that point of the urethra which offered complete resistance to the passage of an instrument—viz., the bulb. The first incision ran exactly along the raphe, and was about two inches long. Mr. Partridge then cut very cautiously towards the deeper structures, and after some dissection reached the groove of the staff. When the knife was securely placed in the groove, it was made to divide the spongy portion of the urethra upwards and downwards, including the principal stricture just behind the bulb, to such an extent as was likely to allow an easy passage to a catheter. The latter measure was, however, accomplished with considerable difficulty, owing to the contorted and irregular course of the canal. The obstacles were finally overcome, an elastic catheter was passed into the bladder and retained there by appropriate means.

The patient went on pretty well until about four days after the operation, when the scrotum became œdematous, signs of erysipelas appeared, and he lost his rest and appetite. Great sickness soon came on, the œdema spread to the penis, the pulse became small and thready, the countenance anxious, and low delirium set in. The water passed, however, chiefly through the catheter, and very little through the wound. As the scrotum and penis threatened to slough, Mr. Partridge made several superficial incisions into these organs. This measure gave the patient some relief; but he soon had a considerable loss of integument on the lower part of the penis, gradually became weaker, and died ten days after the operation.

Mr. Partridge remarked, in a clinical lecture which he gave on the subject, that abscesses such as those which were opened in this case do not always communicate with the urethra, but that they may cause stricture by mere pressure on the canal. Such abscesses have been known to form, during gonorrhœa, along the urethra or by the side of the rectum. In this case, however, the patient suffered from a chronic abscess in the perinæum; this peculiar kind is seldom found along the urethra. Thus, the incision which was made did not relieve the stricture, although a very little urine escaped through the former. This patient had had a similar perinæal abscess several years before. In his present attack the urine con-

tinued to flow by the natural outlet of the size of No. 3 catheter; and when this is the case we are not justified in laying open the urethra, provided there be no complications.

But in this case the stricture was complicated with fistulous tracks, and it was deemed prudent to lay these open, especially as the parts around were much thickened, and almost cartilaginous. Mr. Syme is even an advocate for laying open the urethra in simple stricture, by an incision in the median line, where no such tracks exist as a complication, and without any abnormal induration of the tissues; Mr. Syme's is an old operation revived. In this case, as the catheter could still not be passed beyond the obstruction any better than before the incision was made, it was determined to lay open the seat of the stricture by a second operation. But in many long-standing cases, the urethra becomes impervious anterior to the stricture, and then we must lay open the whole canal, and allow a passage to form over a catheter retained in the track. Stricture of the urethra may occur at any part, even at the orifice, or throughout its entire extent, but the most usual seat is where the membranous portion joins the bulb. Spasmodic stricture results from the action of those fibres of the accelerator urinae, which encircle the urethra in front of the membranous portion. The whole muscle, indeed, may act spasmodically in this way, and comprise the commencement of the spongy portion. The encircling fibres alluded to are not always present in every subject.

On a post-mortem examination being made, the posterior lining mucous membrane of the bladder was found congested and studded over with earthy deposits of salts of lime. There were also three or four bands in the prostatic portion of the urethra, and numerous false passages of old date. The stricture was very long, and the urethra anterior to it much contracted in calibre. Unfortunately this patient caught the infection of erysipelas, which commenced at the scrotum, and led to acute œdema, resembling in appearance the effects of infiltration of urine. Owing to this œdema, the cellular tissue both of the penis and scrotum, partially sloughed, and several superficial incisions were made to relieve the tension of the parts. Being a nervous, irritable man, he sank from the erysipelas, which did not, however, extend beyond the pubes and the lower part of the abdomen. As regards the original malady, it was a case well suited for Syme's operation, as the tissues were much indurated, and the stricture of great extent rendered the urethra tortuous as well as constricted.

LONDON HOSPITAL.

Popliteal Aneurism; Tying of the Femoral, and, subsequently, the External Iliac Artery.

(Under the care of Mr. ADAMS.)

If our readers will refer to a former "*Mirror*," (see *THE LANCET*, March 23, 1850, p. 366,) they will find a full account of, and excellent clinical remarks on, the above case, admitted under the care of Mr. Adams. Towards the latter end of the clinical lecture, Mr. Adams observed, that "although all dread of secondary hæmorrhage had passed away, it was requisite that he should caution his hearers upon this subject, for a patient must not be considered altogether free from the risk of hæmorrhage, notwithstanding a ligature has come away," &c. This passage points out how thoroughly alive Mr. Adams was to the casualties which may occur in such cases, and the sequel has proved that these apprehensions were not unfounded, as secondary hæmorrhage has necessitated the tying of the external iliac artery.

Since the last report of the case, and some time after the complete cicatrization of the wound, there occurred, on the 19th of March, a slight escape of blood through a small aperture made by ulceration in the cicatrix; but this stopped almost immediately, and little importance was attached to this circumstance. Mr. Adams prescribed cold applications to the part, as well as to the thigh itself, as a little erysipelatous blush was visible on the outside of the limb.

On the 22nd of March, exactly seven weeks from the operation, another slight discharge had taken place, and when Mr. Adams saw the patient at the usual time of visit, there was a small escape of dark grumous blood through two ulcerated apertures in the cicatrix. Mr. Adams being under the impression that this was venous hæmorrhage, ordered a compress to be applied, and the cold to be continued, the man expressing himself to be better than usual. In the evening, however, Mr. Adams was hastily sent for, as profuse arterial hæmorrhage had occurred through the openings, and a large, high stream of distinctly arterial blood had gushed forth. On