been just adverted to, as constituting the more prominent obstacles in respect of the latter class.

It is within the last few years only that these distressing lesions have been rendered amenable to surgical treatment. Formerly they were regarded as amongst the opprobria of our art, and were abandoned as beyond its power. Generally speaking, some operative measure, which has for its object the transplantation of a flap of the neighbouring integuments to supply the loss of tissue at the opening, is necessary. In a few instances, however, where the openings are small,—cases, by the way, which are exceedingly rare,—this proceeding has been dispensed with, and their complete closure has been accomplished by other means. The attention which has during the present century been devoted in Europe to plastic surgery has greatly advanced our acquaintance with new means of remedying loss of the soft parts in various regions of the body, and amongst these in none more materially than in that under consideration.

First, then, ante-scrotal fistulous openings which are of small size, but obviously depending upon loss of substance in some degree, have been closed by repeated applications of a caustic agent to their edges and to the surrounding parts. Sir A. Cooper records a case in his "Surgical Essays," in which he closed a fistulous opening of the size of a pea, and situated immediately in front of the scrotum, after the failure of two operations by the hare-lip and interrupted sutures, by the application of nitric acid "to the edge of the fistulous orifice and upon the skin, to the extent of three-quarters of an inch around it." The process was repeated several times within the course of six or eight months, when the orifice was perfectly closed. Sir A. Cooper observes on this fact—"But still it is only in cases in which the skin is very loose, or the scrotum is forming a part of the fistulous orifice, that this plan would succeed, as, where the skin is tight, it would be scarcely possible to draw it together so as to produce its union."*

In the same manner the nitrate of silver, or tincture of cantharides, rendered stronger than ordinary by evaporation, have been successfully employed in very small openings. Dieffenbach, who has devoted so much labour to the prosecution of reparative surgery, and has done so much to advance it in modern times, was in the habit of employing the latter agent in the following manner:—Having passed a full-sized bougie into the canal, he introduced a camel's-hair pencil dipped in the tincture referred to, and thoroughly applied it to the inner border of the opening. He repeated this three or four times in the course of twenty-four hours, and at the end of that time scraped out the loose cuticle raised by the blistering fluid. Action was excited on the raw surface by another application, and this process was repeated until the granulations were healthy, and bid fair to close the aperture. He tried on several occasions the introduction of a hare-lip pin, and also a single point of interrupted suture, after thus making raw or "reviving" the lining of the fistulous opening, but without success. The use of the irritant agent uncomplicated with the suture gave generally a better result. Subsequently he contrived a suture, which produced more successful results than any such method previously employed, to which he gave the name of the lace suture." (Schnürnaht.) His description of this was originally published in Dr. Oppenheim's Journal at Hamburg, in a long paper "On New Methods of Cure in Cases of Unnatural Openings in the Anterior Portion of the Male Urethra." This paper was translated by Mr. Swift for the *Dublin Journal*, and appears in No. XXIX., vol. x., 1836. Professor Dieffenbach has since illustrated the subject in his work on Operative Surgery, published in 1845, from which, as well as from his earlier writings, the account of this proceeding here given is taken.†

The operation of the lace suture is applicable to small fistulæ in the anterior part of the canal, and when the surrounding skin is supple and healthy. The margin of the unnatural opening, as well as the surrounding skin for a short distance, must be frequently touched, during the day previous to the operation, with the concentrated tincture of cantharides. Before proceeding to use the suture, the loose epidermis raised by the blistering fluid is to be removed by scraping, a sound introduced into the urethra, and made to pass below the opening. The operator is then directed to take "a small curved needle, sharp at the point, but not at its edges, with a stout silk waxed thread, and by means of a needle-holder to introduce it beneath the skin at about three lines from the border of the fistula." The point of the needle is to be carried

deeply, but not into the urethra, and made to emerge at another point, about three lines from the margin of the fistulous opening. By three or four of these stitches, the thread is to be carried round the opening, until it finally emerges at the point at which the needle was originally entered. The thread therefore now lies deeply in the cellular tissue around the fistula, at about three or four lines distance from it. (See figs. 1 and 2.)

FIG. 1.

FIG. 2.

FIG. 1.—Dieffenbach's "lace suture." The thread encircles the fistulous opening; its two ends are seen issuing from the point at which the needle was first introduced.

FIG. 2.—The suture tied, and the opening closed. The knot uniting the two ends of thread sinks deeply in the cellular tissue, and is therefore not seen.

The two ends are then to be drawn together gently and slowly, so as to tighten the thread, and gradually approximate the borders of the fistulous orifice until it is obliterated. Lastly, the ends are to be fastened by a knot, which, when fastened, sinks into the cellular tissue, and disappears. A piece of wet lint is to be applied to the part, the sound withdrawn, and the patient directed to pass urine, when requiring to do so, by the natural passage. In three or four days, the ligature may be divided, and drawn away. "Even," says Dieffenbach, "if the first application does not quite close the opening, this is rendered smaller, and the succeeding operation is easy, and certain to succeed."

The next paper will commence the subject of Plastic Operations for the Restoration of Loss of Substance in the Male Urethra.

Wimpole-street, Cavendish-square, 1856.

ON STRICTURE OF THE URETHRA, COMBINED WITH FISTULÆ, AND CALCULUS IN THE BLADDER; LITHOTOMY.

By W. SETH GILL, M.R.C.S.E., Pentonville.

IN this case, G. G.—, aged sixty-five, applied to me in the early part of this year, suffering at the time from bilious diarrhoea, when, with tears rolling down his cheeks, he stated "that he had suffered from stricture thirty years, urinary abscesses and fistulæ; had been under the care of several hospital surgeons, and only occasionally relieved; that he was then under treatment, and had been for three years, and that a practitioner was still dilating the urethra twice or three times a week; that he did not progress satisfactorily; indeed, that he was tired of trying." He also said that he had resided in the house of a surgeon for nearly two years, without any diminution of his symptoms; had paid an enormous amount for that accommodation and medicines, and he almost despaired of ever again being free from pain. I endeavoured to cheer him, and proposed a "consultation" with the gentleman in question, which was carried out on two or three occasions. The patient not feeling any better, and considering, as he stated, that his "old friend had done all he could for him," he was anxious for further advice, and asked me to recommend some one celebrated for the treatment of stricture. Having repeatedly witnessed the success of Mr. Thomas Wakley's method by rapid dilatation, and having been led to suppose, from the conversations and consultations, that the sufferer was labouring under stricture and its effects, I mentioned the name of Mr. T. Wakley, and at the same time proposed that the gentleman previously consulted should be present. To this the patient objected, and thought it unnecessary. Consequently the treatment was left to Mr. Wakley and myself; and in about ten days a No. 12 tube was easily introduced. The fistula had healed, and the urine flowed copiously. We considered him cured, but were disappointed at the distressing symptoms continuing, which we were unable to account for satisfactorily. It was agreed that, on our next visit, a large sound should be passed into the bladder, when a diligent search terminated in the discovery of a stone. We pointed

* Surgical Essays. By A. Cooper, F.R.S. London, 1819. pp. 205-6.

† Die Operative Chirurgie, von Johann Friedrich Dieffenbach. Leipzig, 1845. Vol. i. p. 529.

out to our patient that this had given rise to much of his suffering, and that the only chance of his perfect restoration was the removal of the calculus; that in his present state he could not be cured, nor live long. He expressed his alarm and surprise that others should have passed this over without discovery; and on his wishing to undergo the operation—"for," he added, "his life was a perfect misery"—it was deemed prudent that our own convictions should be supported by a third party, whose claims upon the public were established, and whose merits deserve the distinction he so generously receives; that gentleman was Mr. Coulson, who examined the patient, and confirmed our discovery. On account of our patient's excitement and the nervous irritability under which he laboured, it was thought prudent to perform the operation at once, he having had the necessary medical treatment in contemplation that such would be the case.

On June 21st, the patient having been subjected to the influence of chloroform by me, the operation, as remarked by Mr. Coulson, was "admirably performed" by Mr. T. Wakley. The calculus was lodged in a sac, and proved to be exceedingly friable, and separated into numerous fragments. In four or five minutes, however, the whole of them were removed, and the bladder carefully injected. Besides Mr. Coulson, Mr. Wakley, and myself, Mr. De Méric, Mr. Cartwright, and Mr. Coulson, jun., were present. The case progressed most satisfactorily; no hæmorrhage, no peritonitis; the urine flowed in six hours through the urethra and wound, and continued to do so till his decease. The patient, the same evening, acknowledged his emancipation from the enemy and his comparative ease, and congratulated himself that his strength of mind, in combination with the skill that had been exercised and the kindness he had received, had rescued him from so fierce a tormentor. He continued to do well until the third day, when symptoms of exhaustion set in, with retching. He was given effervescing medicines, with morphia, and injections of beef-tea and stimulants were administered with little or no effect; and he sank on the fifth day from complete exhaustion.

A post-mortem examination was proposed by Mr. Wakley, but not acquiesced in by the landlady, on account of the oppressive heat of the atmosphere, and having other inmates occupying her apartments. That the bladder was extensively diseased cannot be doubted. The urine was highly ammoniacal and fetid and its muco-purulent and jelly-like character was maintained, despite the antidotes and remedies adopted.

It is very unfortunate that the calculus remained undiscovered for so long a period, and until Mr. Wakley was consulted and examined the patient. By means of the tubular bougies the stricture was removed with great rapidity; and had not all the symptoms been referred for several years to the existence of that disease, the stone might have been discovered and extracted, and the life of the patient much prolonged. The case is instructive, and proves most indisputably with what care examinations of diseases of the genital organs should be made before a diagnosis be pronounced or a prognosis given.

July 3rd, 1856.

ON A

CASE OF ATTEMPTED SUICIDE BY NUX VOMICA.

By JOHN HORAN, Esq., M.R.C.S.L., &c.,
Beaminster.

ON the morning of June 10th I was called to a labouring man, aged thirty-five, the father of several children, and of very intemperate habits. On my arrival, at half-past one, A.M., I found him bathed in perspiration; the breathing was slightly accelerated; pupils regular. He looked very excited, and complained of twitchings all over his body. I had not been long present when I observed a strong and general tetanic spasm, and which was very much increased when an attempt was made to wipe the perspiration from his face. My suspicions of the case were now roused, and on questioning him, he at once acknowledged that he had taken poison. The patient was quite collected and rational, and during the intervals of the spasm he answered questions freely. He could not tell what the poison was, more than that a fortnight previously he purchased one pennyworth at a druggists for the purpose of poisoning rats, &c.

I examined the vessel, and found traces of a brown powder, which, with the symptoms present, at once revealed the case to be one of poisoning by nux vomica, or its alkaloid, strychnine. He further stated that he had taken the poison at eleven

o'clock, soon after which he undressed and got to bed, where he had not long been till he was seized with the spasm.

Now, upwards of two hours elapsed before I had seen him, and then the spasm was not so continuous or violent as it had been previous to their sending for me. I at once gave him a strong emetic of sulphate of zinc, which had the effect of unloading the stomach, mixed with the contents of which was a large quantity of green and undigested cabbage, which no doubt shielded the mucous membrane, and prevented the quick absorption of the poison. After sickness was produced, the tetanic spasm entirely ceased. On inquiry next morning at the druggist's, I was informed that they usually sell a quarter ounce of powdered nux vomica for one penny; and on reference to medical works, I find only one case of recovery recorded from so large a dose, and that by Mr. Iliff.

I have every reason to believe that he took the whole quantity, which he purchased, very little traces remaining on the vessel; and furthermore, my firm conviction is that the man's life was saved through the quantity of cabbage which the stomach contained.

At my visit next morning the patient said he was quite well, but felt stiff and tired, as if he had been beaten, or after some unusual or severe exercise.

June, 1856.

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

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.* lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.

LARGE FIBROUS TUMOUR OF THE SCROTUM, INVOLVING THE
LEFT TESTICLE, AND EXTENDING INTO THE INGUINAL CANAL;
SUCCESSFUL REMOVAL.

(Under the care of Mr. FERGUSSON.)

FIBROUS tumours occasionally present themselves in the cellular tissue of the scrotum, either singly or combined. They may attain merely to the size of the testis, or, more rarely, to a bulk of considerable magnitude, as in the case we have the pleasure of recording to-day, the notes of which were furnished to us by Mr. Goodall, the house-surgeon to the hospital.

Mr. Curling speaks of the development of small fibrous tumours in the scrotum, and refers to an example, removed by Mr. Fergusson some years ago. But the case which is subjoined is one of considerable interest, both from its history and its dimensions, and appears to be somewhat analogous to an enormous diseased mass, composed of fibrous tumours of a stony hardness, removed from the scrotum of a man, aged seventy-three years, by Dr. Mott, of New York, also quoted by Mr. Curling in his valuable work on the Testis.

The details of the present case show the removal of a tumour from the scrotum four years ago, which did not at that time involve the testis, but the cord was much elongated, and stretched across the tumour. It was a question then, as Mr. Fergusson said, whether the testis and cord ought to be removed with the tumour, more especially as to the possible future service of the cord. Both were, however, preserved, the patient made an excellent recovery, and returned to the country, everything appearing as if no operation had ever been performed. Their was no specific trouble in preserving the testicle and cord, and there was no loss of time in the operation, although there can be no doubt a surgeon has often lost the life of his patient, in his endeavours to preserve the organ, from the time taken to perform the operation, with the extensive hæmorrhage, and other consequences.

Curiously enough, four years after, the same patient is re-admitted under Mr. Fergusson's care, the scrotum having attained the size of a pretty large child's head, being more or less lobulated, nothing being felt in the mass of the shape of the testicle itself. So far as the appearances went, Mr. Fergusson did not believe it to be malignant, although, as he re-