

free from the pains of which she complained in the legs, arms, and other parts. On examining the mouth again, I find that I had during my first visit erred in supposing that the molar teeth on both sides of the lower jaw were absent, for now there are to be seen two good molar teeth (the wisdom tooth on each side), the crown of each being nearly half uncovered by gum. The tooth on the left side was so entirely covered by gum that I did not observe it during my first visit, and the tooth on the right side was so much covered that a small portion of the upper surface of its crown was alone visible, and that I mistook for the fang of the tooth, supposing that the crown had disappeared by decay. Now, however, the gum has improved so much that, as previously stated, the crown of the tooth on both sides has become quite apparent. I have now learned from my patient that, previous to my attendance on her, she removed the two anterior molar teeth of both sides of the jaw by means of the fingers alone, the teeth being very loose. She also tells me that she picked away "black pieces of flesh" from the gums.

4th.—The woman's husband has called to-day and informed me that his wife was able to be out of bed for a short time. The pains in the legs and arms have entirely subsided, and she feels herself improving daily in strength. The same treatment is still continued.

9th.—I called at my patient's house for the last time, and found her out of bed and attending to her usual household duties, though she is still rather feeble. The bruise-like marks have disappeared, and the gums are almost natural as regards appearance and firmness or consistence. The nasal and other hæmorrhages have ceased.

Edinburgh, July, 1862.

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. Proæmium.

KING'S COLLEGE HOSPITAL.

EXTROVERSION OF THE BLADDER FROM CONGENITAL DEFICIENCY, WITH A DOUBLE HERNIA; FAILURE OF OPERATION; USE OF A NEW APPARATUS.

(Under the care of Mr. PARTRIDGE.)

AN example of this distressing malformation was recently admitted into this hospital. Such cases are not unfrequent, and two or three have been under treatment in our hospitals at the same time. The prominent features of these interesting and important cases have been described by pathologists both at home and abroad. The latest writer to any extent upon the subject is Mr. M'Whinnie,* to whose lot it has fallen to meet with more instances of the malformation probably than any hospital surgeon in this or any other country. From the time that a poor girl about thirteen years of age was admitted into St. Bartholomew's Hospital some twenty-five years since, whose case is figured and described by Mr. M'Whinnie, there have probably not been more than two or three cases recorded in which any good has been effected by operative means. In the above instance an attempt was made to destroy some of the exposed mucous surface, without any good result. Palliative measures by mechanical contrivances therefore are our only resource, and fortunately they have been successful in affording comfort and relief to those who were utterly helpless and a burden to themselves. The case of the young girl alluded to was also the first in St. Bartholomew's or any other English hospital in which some substantial help was given by the use of any apparatus. It consisted of a modified shield, designed by Mr. Earle, protecting the sensitive surface; the urine, as collected, being conducted to a caoutchouc bottle. There have

been subsequent improvements, which are described in Mr. M'Whinnie's paper. In a recent case, the apparatus, which had been planned for the extroverted bladder, was so constructed, in combination with a double truss, by Ferguson, that, whilst it fulfilled its particular object in fixing the metallic cap, it also supported a hernia on both sides—a frequent complication of the infirmity. In the following case a double hernia was present, and the instrument completely answered its purpose in keeping the hernia reduced and removing the urine as fast as secreted. The operation which had been performed had not proved successful.

If to the many cases that could be referred to amongst both the higher and lower classes scattered about the country, any testimony were wanting as to how far the apparatus has fulfilled its object, it would be at once furnished by the following extract with which Mr. M'Whinnie has favoured us from Dr. William Bullar, of Southampton:—

"The boy was about fifteen years old when he came under my notice, a nuisance to himself and to everyone, as the urine was allowed to drip away as it was secreted, and to fall through a hole in his drawers. Owing to this he had been neither educated nor employed. The patient was in St. Bartholomew's Hospital six months, and he was sent home with the machine you describe, made by Mr. Ferguson, which answers so well that the boy is now apprenticed to a chairmaker, and earning his living—a nuisance to no one. The authorities of St. Bartholomew's Hospital were very generous in providing him with the instrument. Tell your colleagues how well it has answered, and what a service it has been to the lad. The boy in addition was taught to read and write whilst at St. Bartholomew's Hospital by one of the patients. Altogether the instrument has been the making of the poor fellow."

Mr. M'Whinnie informs us, that since the publication of his paper about twenty-five cases have come under his immediate observation, and he could refer to others with which he has been acquainted. A great many were males, although the first patient under his notice at St. Bartholomew's Hospital was a female, whose case is figured in his paper.

For the notes of the following case we are indebted to Mr. J. Barr Brown, late house-surgeon to the hospital.

Henry W—, aged twenty-one, admitted Sept. 24th, 1861, with congenital deficiency of anterior wall of urinary bladder. Unmarried; a native of London. Has never sought medical advice till the present time. Has led a steady life. Has no desire for the society of women. Has no erections during the day, but generally one at night soon after getting into bed; this, however, soon passes off. Has never had connexion with a woman.

Sept. 27th.—He was examined by Mr. Hulke. The symphysis pubis was absent. In its place is visible the exposed mucous surface of the posterior wall of the bladder. This protrudes as a rounded tumour about two inches in diameter. The upper portion is divided into two parts by a narrow belt of thin skin, as from cicatrix of the umbilical cord. The extremities of the horizontal rami of the pubes form each a rounded boss, the space between them being about two inches and three-quarters. There is no umbilicus. The recti abdominis muscles diverge about two inches above the tumour as they pass downwards to their insertion. Below the bladder is a short split penis, measuring two inches from end of glans to its root at the scrotum. The urethra and glans are split open along the upper surface, so that the urethra forms a shallow groove one inch and a quarter wide, displaying the orifices of several follicles; and at its posterior extremity, immediately in front of where it joins the bladder, is a median elevation (probably the veru montanum), with the open mouths of follicles around it. There is a stout prepuce, leaving the glans uncovered. The scrotum is excoriated and warty from constant irritation of the urine passing over it, and contains on either side a well-developed testicle. Hair grows upon the scrotum, spreading up on each side to the groin. The urine could be easily seen issuing in jets at intervals from the ureters at the lower part of the tumour on either side. The tumour presented a velvety appearance, of a bright-red colour.

Mr. Hulke was at first undecided which of the three following operations he should perform; but finally he adopted that first described.

1. He proposed to cover the exposed mucous surface of the bladder with a hood or veil of skin made of two quadrilateral flaps, turned round a quarter of a circle, and united along the median line to each other, and fitted into a horizontal incision just above the bladder, across the scar of the umbilical cord. If this should succeed so far, afterwards to unite the lower free margin of the hood to the sides of the split urethra. The ad-

* London Medical Gazette, 1850.

vantage of this operation is, that the bases of the flaps receiving the superficial epigastric artery, the flaps will be abundantly supplied with blood. The objection is, that the lower end of the incision forming the inner side of the flap may admit urine into the cellular tissue, if it gets ponded up, and has no ready exit; yet by keeping the trunk raised, and drawing down the penis, this ponding up of the urine may be avoided.

2. Another plan is that adopted by Pancoast (see *North American Medico-Chirurgical Review* for 1859, vol. iii., p. 709). Take two lateral four-sided flaps having their attached sides by the sides of the bladder, fold these flaps on themselves, and join them along the middle line, and to a horizontal incision above the bladder in such a way that the skin is next the mucous membrane and the raw surface is external. The advantage is that urinary infiltration can hardly take place. The objection is that the hairs on the skin grow against and irritate the mucous membrane.

3. A third plan is Ayre's (see same volume of same *Review*). In his operation a large flap is taken from above. The objection is that, the recti muscles diverging as they pass downwards, the abdominal wall in the middle line has only a strong fascia between the skin and the peritoneum, which fascia it would be hazardous to expose to such an extent as would be necessary to form a large flap.

28th.—Mr. Hulke performed the first of these operations, the patient being under chloroform. The penis was stitched to the scrotum to allow the escape of the urine. Given one grain of hard opium in pill every eight hours.

The needles which were to close up the gap where the flaps were removed were taken out on the 4th of October. The stitches were detached on the 5th. The flaps did not adhere well, though various measures were used for the purpose. The wounds have all healed up, but the patient has not been much benefited by the operation. He is to have an apparatus of gutta percha, attached to a double truss, in which to catch the urine. The exposed surface of mucous membrane is certainly smaller than before, and the new flaps form a good support for the apparatus to be worn.

He subsequently came under the care of Mr. Partridge.

In making an instrument for this patient, the object to be accomplished was to protect the sensitive surface of the bladder, reduce and retain the double hernia, and afford some kind of receptaculum for the constantly flowing urine. The instrument devised by Mr. Bigg consisted of a japanned copper shield, covered with caoutchouc, and accurately fitted to the pubic region of the body, this shield being retained in its position by two strong pelvic springs fastening behind. Within the shield, and corresponding with the inguinal surfaces, two india-rubber pads were placed for the purpose of retaining the herniæ. At the lowest margin of the shield a small orifice, opening into an india-rubber bag properly furnished with valves to prevent regurgitation, gave egress to the urine, and retained it until removed by opening a small tap at its inferior extremity. The whole was kept firmly *in situ* by two padded leather straps passing under the perineum, and fastening to the back of the pelvic band. The advantage of this instrument is its great simplicity of construction, consisting of one piece, instead of a truss and shield combined, as is sometimes adopted. Where the two appliances are separate, perfect apposition of their relative mechanical parts is rendered almost impossible, whereas in Mr. Bigg's instrument, its margins perfectly accord with the anatomical form of the region to which they are applied. This instrument has completely effected its object, and its cost is so moderate that it is within the reach of even a poor person.

ST. BARTHOLOMEW'S HOSPITAL.

CANCER OF THE MAMMARY REGION IN A MAN; EXCISION OF THE DISEASE; RECOVERY.

(Under the care of Mr. SKEY.)

WE have had occasion before now to draw attention to the invasion of the male breast, or the situation which it occupies, by carcinoma; and when cases of the kind occur they are invested with some amount of interest in consequence of their rarity when contrasted with the same disease in the female.

In the early part of July, a man, forty four years of age, was admitted with an ulcerated surface over his right breast, which presented the appearances of malignant disease, together with its physical characters. It had been present for twelve months, and was steadily increasing. Mr. Skey described it as scirrhus of the mammary region; he could not, he said, call it of the

mammary gland. Both to the eye and the touch it possessed the characters of scirrhus, with the additional evidence of a number of knotty swellings around it, which originated coincidently with the large circular ulcerated surface, possessing a diameter of three inches.

On the 12th of July these affected portions were carefully excised, chloroform having been administered. There were two hard glandular swellings in the axilla of the same side, which were not interfered with. Both, Mr. Skey remarked, conveyed the impression that they formed part of the original disease. Why did he not remove them? Because, as he further stated, although they had the aspect of cancer, he was not certain that they really were so. He considered it prudent, therefore, to leave them, in the hope that they might subside, now that the primary irritation has been withdrawn.

July 26th.—The wound is fast healing up by granulation, and the man is doing well. The axillary swellings are diminishing.

WESTMINSTER HOSPITAL.

WARTY GROWTHS ON THE LABIA EFFECTUALLY REMOVED.

(Under the care of Mr. BROOKE.)

CONDYLOMATOUS or warty excrescences, which are not uncommonly seen in females about the labia, extending backwards towards the rectum, are usually the result of want of cleanliness during attacks of gonorrhœa, and when removed by the surgeon have a tendency to return. This recurrence often causes great inconvenience, and necessitates a second and sometimes a third operation. A case of the kind we remember being under the care of Mr. Brooke many months back, in which numerous warty excrescences were excised; but they returned in great excess, so as to give the labia majora the appearance of two prominent tumours, which had subsequently to be removed with the écraseur by Mr. Hillman. In the early part of July a young married woman was admitted under Mr. Brooke's care with a series of excrescences growing on either side of the external organs. These growths were very prominent, extending backwards for several inches, and laterally towards each groin. Their thickness must have been fully three-quarters of an inch, and on close examination they resembled multitudes of elongated papillæ closely packed together. Under chloroform, the whole of them were cut away with a sharp scalpel down to the surface of the true skin; this was attended with some amount of bleeding at first, but which readily subsided; and to prevent the possibility of recurrence of growth, a heated iron was passed over the denuded surfaces, and cold applications were then made over these. The result thus far has been satisfactory, and it is expected that the cure will be permanent, unless a fresh attack of gonorrhœa be contracted. Some surgeons find the application of a styptic or astringent lotion usually sufficient to prevent recurrence after the removal of warts. Professor Pirrie, of Aberdeen, has found a solution of sulphate of copper applied to the surface effectual in accomplishing the desired end when the warts were excised.

UNIVERSITY COLLEGE HOSPITAL.

WOUND OF THE THROAT IN A BOY, TWELVE YEARS OLD; RECOVERY.

(Under the care of Mr. ERICHSEN.)

IT is most unusual for a mere lad to be guilty of the rash act of cutting his throat, although instances now and then are recorded where suicidal attempts have been made by very young persons.

On the evening of the 16th of June, George B——, aged twelve years according to his father's account, but who looks fifteen, was brought into the above hospital. A short time before he had inflicted two severe gashes across the front part of the neck with a razor, which wounded the trachea. They had penetrated pretty deeply, and a good deal of blood was lost from the two gaping wounds. These were closed by Mr. Smith, the house-surgeon, and in forty-eight hours had united by adhesion. A few days after the boy was discharged quite well. He is a very intelligent looking child, and deeply grieved at having committed such a foolish act; but the truth of the matter is,