

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. Præcæmium.

ST. THOMAS'S HOSPITAL.

MR. SIMON'S CASE OF VERRUCE OF THE GLANS AND PREPUCE,
SECOND CROP; REMOVAL OF A CERTAIN PORTION OF THE
GLANS.

THIS case offers a very satisfactory confirmation of the opinion we expressed in reporting the first operation—viz., that verrucæ, which are by some surgeons considered as secondary manifestations, are simple unspecific growths, which are very apt to recur on the glans or prepuce, as they are prone to do on any other part of the body, especially the hand.

Mr. Simon had in this case (*THE LANCET*, vol. i, 1854, p. 618) removed a considerable quantity of warts, which had grown so thickly on the glans and prepuce, as completely to change the shape and form of the organ. A very small portion, had, however, been left, and the growth had recurred from the spot which had been spared. In order to prevent this very unpleasant reappearance of the verrucæ, Mr. Simon removed, on the 1st of July, the group which had sprung up between the glans and prepuce on the right side, and also a quarter of an inch in depth of the glans itself. It is very likely that this will be found an effectual measure.

On the same day, another patient of Mr. Simon, presenting very instructive symptoms, was brought into the theatre. He is a man, about sixty years of age, whose penis, affected with cancer, was removed about six months before his second admission. The disease had then invaded the organ to such a degree, that amputation was performed close to the pubis, and within the scrotum. Much trouble had ever since been experienced about passing water, and Mr. Simon had recourse to various means to facilitate the function of micturition, but bougies, &c. proved of no avail. A thread was at length passed through the urethra, and allowed to ulcerate through, so that a sufficient aperture might be obtained; but all these measures were ineffectual, and when the patient was placed upon the table, the pubic region presented a rather unusual aspect. The scrotum was puckered up towards the pubis, in which locality, not a vestige of penis was to be seen; and the parts were so much contracted, that no aperture for the discharge of the urine could be discerned. Mr. Simon stated, that the fluid usually escaped through an aperture which would just admit the head of a pin.

Under these circumstances, Mr. Simon thought the wisest plan would be to establish a permanent fistulous opening in the perinæum, and allow the patient to micturate through the membranous portion of the urethra; by this operation, the man would be saved the pain and inconvenience he now suffered, and freely void urine by the perinæum. When he was under the influence of chloroform, a probe was passed into the pin-hole aperture over the pubis, corresponding with the urethra, but it was found so difficult to get the instrument into the urethra, that Mr. Simon thought it prudent to postpone the operation for a few days. We shall follow this case with much interest, and beg, in the meantime, to refer to one of a somewhat analogous nature, lately operated upon at another hospital.

ST. BARTHOLOMEW'S HOSPITAL.

CANCER OF THE PENIS; AMPUTATION; MODE OF KEEPING THE
URETHRA PATULOUS.

(Under the care of Mr. PAGET.)

IN this case the patient, a man about forty years of age, and with whom phimosis had been congenital, had suffered from cancer of the penis for the last three years, the organ being involved close to the pubis. When seven years old he received a blow on the prepuce, which violence was followed by a certain thickening of the part. Three years before admission the patient had retention of urine,

when the prepuce was slit up by a surgeon; the wound thus made never healed, and upon it the cancerous ulceration, which led to the destruction of the organ, took its rise.

Mr. Paget removed the penis in the usual manner, at a short distance from the symphysis, and, after the requisite number of arteries had been tied, he incised the scrotum upwards and downwards for about an inch and a half. A thread was then passed through one side of the membrane forming the new meatus, and also through the margin of the scrotum just corresponding; the same was done on the opposite side, and, when the knots were tied, the mouth of the urethra was rendered large and gaping by its lateral connexions with the scrotum. In this manner no catheter was needed, and the results may be expected to be very satisfactory.

Mr. M'Whinnie, present at this operation, mentioned that he had succeeded in preventing the contraction and narrowing of the new meatus, after amputation of the penis, by following Dupuytren's practice. It is well known that the latter surgeon was in the habit of amputating the organ in a slanting direction, from above downwards and forwards, so as to make the spongy portion of the organ somewhat longer than the cavernous part. He thus obtained at the extremity of the urethra a kind of spout, which greatly facilitated the escape of the urine. There can be no doubt that, in whatever way the operation is performed, the most effectual mode of insuring a permanently patulous meatus, is to allow the wound to heal over a catheter left in the bladder. When the instrument causes a great deal of irritation, and cannot be borne, it would be a simple thing to fix an india-rubber or silver plug in the urethral aperture, which plug might be retained in situ as long as necessary by an elastic band running round the perinæum.

UNUNITED FRACTURE OF THE FEMUR; DIEFFENBACH'S PEGS;
AMPUTATION FOURTEEN WEEKS AFTER THE USE OF THE
PEGGS; SECOND REPORT.

(Under the care of Mr. STANLEY.)

AMONGST the cases of interest which have for some time been under treatment at this hospital, there is one to which we would for a moment allude. Our readers probably remember that Mr. Stanley had a little while ago under his care a case of ununited fracture of the femur, in which he used pegs, according to Dieffenbach's method, in order to excite the necessary action in the extremities of the fragments. The operation was described in a former "Mirror," (*THE LANCET*, vol. i, 1854, p. 360,) and we now add a brief account of the results.

In the first account of this case, we closed our report with these words: "The two principal features which have marked the course of this case are, a slight attack of erysipelas, and sudden hæmorrhage; but it may be hoped that these untoward events will not interfere with the success of the operation." Our expectations have not been realized, and in spite of the best efforts on the part of the surgeon, sloughing, abundant suppuration, and occasional hæmorrhage, reduced the patient to so alarming a state of debility, that amputation had to be performed on the 24th of June, about fourteen weeks after the introduction of the pegs. The wire which Mr. Stanley had used, in order to render the approximation of the fragments more certain, had been removed some weeks after the operation, as it was found to create much irritation. The amputation of the thigh had to be performed very high up, and the flaps were made by oval incisions, both anteriorly and posteriorly, the greatest precautions being taken to prevent the loss of much blood. The patient is now, a month after the removal of the limb, in a fair way of recovery, the stump being almost cicatrized; but his case required very careful management, as he had several attacks of hæmorrhage, which, in his weak state, created some apprehension.

It may easily be imagined that some curiosity was felt respecting the state in which were the fragments which had resisted the treatment mentioned above. When the part had been carefully dissected, and the fragments came into view, they were found riding, tapering, and rounded at their extremities; here and there bony processes had sprung up, giving to the bones an irregular, nodulated appearance; but no signs of an attempt at union could be distinguished. Two of the pegs were now taken out, and they were noticed to have been reduced from one inch and a half to barely half an inch, being, in fact, much eaten away.

It has for a moment been supposed by a few observers that this diminution of size in the pegs was due to a kind of absorption, the animal and inorganic matter of the ivory being taken up into the patient's system; but such a supposition can hardly be entertained, and it appears simpler to look at the shortening of the pegs as a mere result of crumbling down of their

substance, after being softened by the moisture and the high temperature of the part into which they were implanted.

Before leaving this hospital we shall just mention, that in Lazarus' ward there is a nurse upon whom the Taliacotian operation was performed by Mr. Vincent, thirty years ago. It is not often that cases of this kind can be followed through such a long series of years, and we felt much interested at perceiving the firmness and tolerably regular shape which the autoplasmic nose had retained. The scar on the forehead is hardly perceptible, and such a case is well calculated to induce operators to resort to the rhinoplastic operation, when they meet with a suitable opportunity.

Medical Societies.

ROYAL MEDICAL & CHIRURGICAL SOCIETY.

TUESDAY, JUNE 27TH, 1854.

JAMES COPLAND, M.D., F.R.S., PRESIDENT.

ON GOUT AND RHEUMATISM: THE DIFFERENTIAL DIAGNOSIS AND THE NATURE OF THE SO-CALLED RHEUMATIC GOUT.

BY A. B. GARROD, M.D.,

Professor of Materia Medica at University College, &c.

THE object of the author in this communication was to demonstrate the distinctive character of gout from rheumatism. He thought each disease had its own special pathology. The name "rheumatic gout" was but a cover for our want of knowledge of the precise affection under which a patient might be labouring. The characters of the acute forms, whether of gout or rheumatism, were distinctive enough; but the case was different when, from repeated attacks, the symptoms had lost all their pristine characteristics. In another paper, the author had thrown out the suggestion that the diagnosis of gout and rheumatism might, in doubtful cases, be determined by an examination of the blood. He then referred to the "*uric acid thread experiment*," and proceeded to lay before the Society a series of four tables, the object of which was to determine the pathological differences of these two morbid conditions. The plan adopted was to divide the cases into four different classes:—

1. Articular affections, in which was demonstrated the presence of an abnormal amount of uric acid in the blood.

2. Articular affections, in which the absence of uric acid in the blood was shown.

3. Articular affections, proved to be closely connected with urethral disorders.

4. Affections non-articular in character.

The result of this investigation was, that in every case of genuine gout an abnormal amount of uric acid was found in the blood, while in acute rheumatism such was not the condition. The tables contained 177 examinations of the blood, taken from 148 separate patients.

TWO CASES OF ANEURISM OF THE OPHTHALMIC ARTERY, CONSEQUENT ON INJURY OF THE HEAD, CURED BY LIGATURE OF THE COMMON CAROTID ARTERY.

BY T. B. CURLING, ESQ., F.R.S.,

Surgeon to the London Hospital.

THE first case related by the author was that of a man aged nineteen, admitted into the London Hospital under the care of Mr. Scott, in 1834, labouring under the symptoms of concussion from a fall down a ship's hold, which was followed by a pulsating projection of the right eye-ball and loss of vision. About a month after the injury, violent arterial hæmorrhage occurred from the nose, and Mr. Scott, who was in the hospital, at once cut down upon and tied the carotid artery. The patient recovered favourably, but vision remained lost. The second case was that of a labourer, aged forty-nine, admitted into the hospital under the care of the author, in March, 1854, on account of a fall, attended with symptoms of severe concussion, and hæmorrhage from the right ear. This was followed by a serous discharge from the ear and deafness, and subsequently by paralysis of the right side of the face. About six weeks after the accident, the conjunctiva of the right eye became inflamed, and the globe gradually protruded, and was shortly observed to pulsate. The patient also suffered from throbbing pain in the head. As soon as vision began to fail, June 2nd, the author placed a ligature on the right carotid artery, which at once arrested the throbbing pain and removed

the pulsating projection of the eyeball. Vision, however, instead of improving was entirely lost on the second day after the operation, and the cornea had become dull and hazy, the pupil being widely dilated. In about a week the cornea became clear again, and vision returned, but remained imperfect, owing to the preternatural dilatation of the pupil. The patient otherwise did well. The author remarks that the history of these cases clearly shows that a severe injury of the head had been the occasion of the formation of an aneurism of the ophthalmic artery. He noticed certain points of difference in the two cases, and considers it probable that in the first case the aneurism was the result of a severe concussion, and in the second that the petrous portion of the temporal bone was fractured, and that by the extension of the fracture to the optic foramen the ophthalmic artery had been wounded by a splinter or detached fragment of bone. The author ascribes the loss of vision shortly after the operation in the second case to changes consequent on defective nutrition from the arrest of the circulation through the carotid artery; but as the proptosis subsided and the circulation became re-established, the eye recovered its nutrition, and sight returned. The preternatural dilatation of the pupil, which continued after the recovery of vision, he considers to be due to the aneurism pressing on the ciliary nerves, and destroying their functions as respects the motions of the iris, producing, in fact, hydrasis. The author concludes by remarking that these cases establish the great danger to vision arising from a traumatic aneurism of the ophthalmic artery, and indicate its sources to be threefold:—1. From pressure on, or traction of, the optic nerve. 2. From interference with the nutrition of the eyeball. 3. From injury to the ciliary nerves. They also show, that to avoid these dangers a ligature should be applied to the common carotid artery at an early period, or soon after the detection of the pulsating projection of the eye.

ON WATER-STRAPPING AS A SURGICAL APPLIANCE, AND A PROPOSED SUBSTITUTE FOR THE ORDINARY STICKING-PLASTER.

BY C. HOLTHOUSE, ESQ.,

Assistant-Surgeon to the Westminster Hospital, and Lecturer on Anatomy in its Medical School.

THE object of the author of this paper was to direct the attention of the profession to the superiority of wet-strapping over ordinary diachylon plaster in the treatment of ulcers and certain cutaneous affections of the extremities, as advocated by Mr. Chapman, and to recommend its adoption in injuries and diseases of the joints, and in dressing stumps after amputation. The advantages of this application over plaster are—

1st.—Its innocuousness, being entirely free from the irritating effects of the latter, and never producing inflammation of the skin, or the eruption of pustules or vesicles.

2ndly.—The comfort the patient experiences from its application.

3rdly.—Its cleanliness.

4thly.—The ease and quickness with which it is removed, from its not adhering to the hairs of the part.

5thly.—Its cheapness.

6thly.—It may be made the vehicle for the application of remedies.

The material made use of may consist of linen or calico, bleached or unbleached, and the older it is, provided it be not rotten, the better it answers the purpose. It must be cut or torn into strips of varying length and breadth according to the part to which it has to be applied; the strips must then be immersed in water till thoroughly saturated, when they are fit for use. If the disease to be treated be an ulcer on the leg, the strips should be about two inches in breadth, and of a length exceeding somewhat the circumference of the limb; they should then be applied exactly in the same manner as plaster, each piece overlapping a portion of the one immediately below it; in fact, the directions given by Mr. Baynton for strapping up the limb may be strictly followed in the application of the water-strapping, save and except that his directions to remove the hair from the part may be dispensed with; a roller must afterwards be applied in the ordinary manner.

Four cases in illustration of this method of treatment, and of its beneficial results, were then given; one being an ulcer of the leg of fourteen years' standing, that had resisted repeated attempts to heal it at other hospitals; another, a case of eczema impetiginodes, affecting both lower extremities, and of three years' and a half duration; a third was a case of a crushed thumb, followed by gangrene and subsequent amputation; and the fourth was an amputation of the thigh, for extensive disease of the knee-joint and upper third of the leg.