

much at one time was said, cannot with justice be urged against external division.

With respect to the mode of performing the operation, Mr. Syme gives the following complete and lucidly expressed directions:—"The patient should then be brought to the edge of his bed, and have his limbs supported by two assistants, one of them standing on each side. A grooved director, slightly curved, and small enough to pass readily through the stricture, is next introduced, and confided to one of the assistants. The surgeon, sitting, or kneeling on one knee, now makes an incision in the middle line of the perinæum, or penis, wherever the stricture is seated. It should be about an inch or an inch and a half in length, and extend through the integuments, together with the subjacent textures adjacent to the urethra. The operator then taking the handle of the director in his left, and the knife, which should be a small straight bistoury, in his right hand, feels, with his forefinger guarding the blade, for the director, and *pushes the point into the groove behind, or on the bladder side of the stricture, runs the knife forwards*, so as to divide the whole of the thickened texture at the contracted part of the canal, and withdraws the director. Finally, a No. 7 or 8 silver catheter is introduced into the bladder, and retained by a suitable arrangement of tapes, with a plug to prevent trouble from the discharge of urine. The process having been thus completed—which it may be in less time than is required for reading its description—the patient has merely to remain quietly in bed for forty-eight hours, when the catheter should be withdrawn, and all restraint removed." In the above extract we have rendered emphatic the direction that the cutting be performed from behind (i. e., from the bladder side of the stricture) forwards, and not, as some of our surgeons in London persist in doing it, from the fore part backwards. This is a matter of great importance. We are far from saying that the operation cannot be achieved, in the latter manner, with success; but we do not hesitate to pronounce that it cannot be so performed with such facility and *security* as in the former plan. We know more than one instance, where, in dividing from before backwards, the surgeon's knife, just as it has severed the stricture, and lost the resistance of the indurated portion, has escaped from the groove and been plunged down into the tissues below, with imminent peril to the patient. There is, indeed, between these two methods all those differences of grace and precision that are the usual distinctive marks between doing a thing in the right, and doing it in the wrong way.

R. P—, aged forty-eight, a coachman by occupation, had repeated attacks of gonorrhœa in youth, but experienced no considerable difficulty in passing his urine till 1851.

In the November of 1853, he came under the care of Mr. Henry Thompson, in the Marylebone Infirmary. His bladder was much distended, and had been so for some time; and incontinence of urine during sleep had existed for four months. With considerable difficulty, a No. 1 catheter was passed into the bladder, and fifty ounces of water were drawn off. The catheter, which was very tightly held, was tied in for twenty-four hours, and then replaced by a larger. Subsequently dilatation was carried on up to No. 10; after which he was discharged without a bad symptom, and obtained a situation which he held nearly up to the present time. His difficulties in micturition gradually reappeared, and he was again admitted into the infirmary in November, 1855.

Dilatation was again had recourse to, No. 1 and, after a few trials, No. 2 passing into the bladder. On three occasions, No. 3 was passed, but after each a severe attack of rigor took place, once lasting as long as six hours. Accordingly, Mr. Thompson decided that this was a case well adapted for Mr. Syme's operation of external division. The stricture was five inches from the orifice, and not more than a quarter of an inch in extent from before backwards, as was determined by the graduated sound with a bulbous extremity.

January 8th, 1856.—The operation was performed in the manner directed by Mr. Syme, the stricture being divided from behind forwards, upon a grooved staff of the size of a No. 2 catheter, which was held in the operator's left hand. There was no kind of difficulty. The bleeding did not amount to two drachms. A No. 10 catheter was passed with perfect ease into the bladder, and was tied in. The man was then removed to bed, and an opiate was ordered. In the evening he had some rigors and was sick, consequent on the chloroform, of which he had required a considerable dose. Next day he felt very well, and took food with relish.

10th.—The catheter removed. The patient feels as well as usual.

16th.—No. 10 was passed into the bladder to-day with per-

fect ease. Part of the urine issues by the wound, and part by the urethra.

26th.—The wound has nearly healed. Neither yesterday nor to-day has any urine passed through it. No. 12 catheter passed to-day without the slightest difficulty.

ST. MARY'S HOSPITAL.

EFFECTS OF GUN-SHOT REMAINING IN THE TIBIA; NECROSIS AND ULCERATION OF INTEGUMENTS.

(Under the care of Mr. COULSON.)

Such a case as the following must almost necessarily be of long duration, and it may be considered as almost problematical whether a complete cure would be ever effected. When numerous foreign bodies, such as gun-shot, are imbedded in the substance of a large bone, it is obviously almost useless to undertake any measures for the removal of such bodies, their situation being for the most part uncertain, and no means existing for the ascertaining of this fact. The effects produced in such cases are chronic thickening of the bony substance, formation of small substances consequent on death of portions of bone, and chronic inflammation of the integument covering the affected member. The latter affection is most troublesome to the patient, and very difficult to remedy, the cause remaining, and being irremovable. Necrosis of bone is, in other instances, very generally attended with ulceration of the skin covering it, and it is sometimes quite marvellous to see the rapidity with which an intractable affection of the skin, produced in this way, has yielded to treatment when a portion of bone, perhaps very small in extent, has been removed. The proper treatment in cases of this kind, where such a course is admissible, is to remove the diseased bone, which acts as a foreign body, in keeping up the ulceration. In the case given below, the foreign bodies could not, for the reasons already stated, be got at, and palliative measures only could be adopted.

George E—, aged seventeen, a farmer's son, residing in Wiltshire, was admitted into St. Mary's Hospital May 26th, 1855, under Mr. Coulson. The patient, who is a healthy-looking young man, received an injury of the following nature, fifteen months ago. He was walking in the fields with a companion, who carried a gun. The gun was accidentally discharged at the distance of seven yards behind him, and the contents, which consisted of small shot, passed in an oblique manner through his legs, entering the inner part of the ham of the right leg, lacerating the muscles situated on the inner side of the popliteal artery, and lodging in the calf of the left leg. At the moment that the discharge took place, the right leg must have been behind the other, and the charge thus took effect on both legs. Two or three shots were extracted from the wound in the left leg soon after the accident, but it is supposed that a considerable portion of the charge remained in the substance of the bone, and elsewhere. The wound of the right ham did well, and a large cicatrix alone remains to indicate the seat of the injury then received. Two or three masses of shot, each about the size of a pea, have worked their way out at the front of the left leg at different times since the occurrence of the accident. The patient has suffered much from pain in the left leg, and the skin covering its front part has ever since been affected with ulceration and frequent formation of little abscesses beneath. The left tibia is considerably thickened, its internal surface measuring at the upper part quite one-eighth of an inch more than the corresponding part of the right leg, and being elsewhere large in proportion. The bone has anteriorly a rounded form. The skin presents two centres of ulceration—one just below the middle, and to the outer side of the tibia; the other, above the middle of the bone, and to the inner side. At the lower situation is an ulcer the size of a shilling, having just now an apparent tendency to heal; at the upper part are two small ulcers, at the side of one of which is a small collection of matter situated beneath the skin. The skin between and around these two situations is red, and covered with little pustular formations. The patient complains now chiefly of the irritation which these ulcers produce. He is not able to follow his occupation, exercise of the limb being usually followed by an increase in the severity of the pain, and uneasiness. No indication as to the existence of any of the shot near the surface is afforded by examination with the probe.

Mr. Coulson directed the leg to be dressed with zinc ointment and a bandage to be applied. To take iodide of potassium and infusion of quassia, three times a-day.

June 14th.—The ulcers described at the last report have now

healed, or very nearly so, under the local application of black-wash and bandaging, but the skin covering the front of the leg is covered with very minute ulcerations, which are exceedingly irritable. The patient declares himself better than he was; sleep and appetite good.

19th.—Discharged relieved.

Medical Societies.

MEDICAL SOCIETY OF LONDON.

SATURDAY, JANUARY 12TH, 1856.

DR. SNOW, PRESIDENT.

COD-LIVER OIL IN LEPRO.

MR. HUNT exhibited a woman, aged twenty-two, with lepra excedens. She was single, and had laboured under the disease for twelve years. Various remedies had been employed, including the application of escharotics, without any good effect. When she first came under Mr. Hunt's care he gave her minute doses of arsenic; but these disagreeing, he placed her under cod-liver oil, giving her drachm-doses three times a day, and ten grains of compound rhubarb pill occasionally, to regulate the bowels. No external treatment was resorted to. In a short time symptoms of improvement took place, and now, at the end of five months, the ulcers were all healed, and the redness of the surface diminishing.

Dr. ROUTH believed that escharotics properly applied, with the use of cod-liver oil internally, would have effected a greater benefit than had been made in Mr. Hunt's case by the oil alone. Mr. Hunt's case was not cured, as the disease would return when the remedies were discontinued. He referred to the employment of strong nitric acid over the entire ulcerated surface by a German physician as having been most beneficial, and which removed not only the ulceration, but the redness of the skin to a great extent. The late Dr. A. T. Thomson was in the habit of applying a strong solution of the nitrate of silver in these cases. The dose of cod-liver oil administered by Mr. Hunt was very small; the improvement would probably have been more rapid under larger doses. Cazenave had given tumbler-doses of the oil in these cases with the best effect. Why was so small a dose employed in Mr. Hunt's case, and why were not escharotics used? He (Dr. Routh) had found the biniodide of mercury of service in the earlier stages of the disease.

Mr. DENDY remarked that in Mr. Hunt's case the disease was in abeyance; the cod-liver oil had not cured the complaint, but had had a beneficial influence on the predisposition to it which existed in the constitution. In the Infirmary for Children he had found the best addition to cod-liver oil, to prevent nausea, was the iron wine.

Dr. O'CONNOR spoke in favour of the use of cod-liver oil in cutaneous disease, and referred to two cases of ichthyosis which he had cured by the external application of the remedy. He did not think escharotics of permanent value in the treatment of lupus, which was a constitutional disease. He had found much benefit arise from the use of Donovan's solution in this affection; but that preparation was so badly prepared in London, in consequence of the arsenious acid being substituted for the metallic arsenic in its composition, that it could not be relied upon. He advocated the small doses of cod-liver oil gradually increased, and given soon after meals.

Dr. ROUTH generally commenced with drachm-doses. Where the patients took to the medicine, it might be usefully given in tumbler-doses.

Mr. HUNT generally employed arsenic in these cases, which usually cured; but in this instance it disagreed, and the oil was substituted. He had given the oil in other cases of lupus, and always with benefit, but not to the same extent as in the case before the Society. He did not think the use of escharotics in his case would have expedited the cure, which, indeed, had been very rapid. After the use of escharotics, too, the disease was apt to relapse with increased severity. He had also employed the cod-liver oil with advantage in some cases of cycosis, acne, and eczema. He had found Donovan's solution so uncertain in its effects, that he now always employed Fowler's solution or chloride of arsenic.

TRACHEOTOMY IN OEDEMA OF THE GLOTTIS.

Mr. HENRY SMITH laid on the table the larynx and trachea of a child, three years old, who had died after a few hours'

illness with what had been considered pneumonia by the surgeon in attendance, but which, from the symptoms, he (Mr. Smith) thought had been disease situated in the larynx and trachea, and therefore made an examination to determine the point. There was some congestion about the lower and posterior parts of the lungs; but the cause of death was found in the larynx, the glottis being oedematous. The mucous membrane of the trachea was somewhat congested and inflamed; but there was no effusion into it, and the obstructive disease did not extend beyond the chordæ vocales. He brought forward the case as one in which he believed laryngotomy and tracheotomy should have been performed. He thought the child's life might have been saved by the proceeding.

Dr. EDWARD SMITH read a paper

ON THE EFFICACY OF SMALL DOSES OF MORPHIA IN CERTAIN CHEST-DISEASES.

The dose referred to by the author was from the sixty-fourth to the twenty-fourth of a grain for an infant or young child, and from the twentieth to the twelfth of a grain for an adult, repeated from three to six times in the twenty-four hours. The principle involved was the removal of excessive cough in those cases in which the cough resulted from nervous irritability of the structures of the air-passages, and thereby to prevent various ill-effects which would follow from its continuance. He did not regard the cough as a symptom merely, but as the result of irritation, and it was by the removal of the irritation that the cough was to be prevented. He showed that the effect of minute and often repeated doses of morphia was far more efficacious than occasional and larger doses, and that the sensorium remained quite unaffected, and the bowels nearly so, under its influence, and therefore that no disturbance to the general system was produced by its administration. The author selected three diseases in illustration of the merits of the remedy—viz., whooping-cough, the ordinary and spasmodic form of chronic bronchitis, and phthisis. Whooping-cough he regarded as essentially a disease of the nervous system, quite apart from inflammation, and considered the principle of treatment to be the removal of the spasm, so that the cough might be reduced to the harmless state of common cough. He believed the secretion to be chiefly due to the violence of the cough, and consequently that the aim should not be to increase the secretion by expectorants, but to stop the cough, and allow the secretion to cease. He was also of opinion that the congestion of the lungs in more advanced cases, which often leads to other complications, is chiefly due to the spasmodic cough. Thus he inferred that the prevention of the cough was in fact the prevention of all serious and fatal complications. The treatment he recommended was first to remove all sources of irritation, to give nutritive food in small quantities and very frequently, to expose the patient to cool pure air, and in general to place it in the best sanitary conditions, and then to administer the morphia. The system adopted in giving the morphia was to begin with a very small dose, (say the sixty-fourth of a grain to an infant four months old,) and, if need be, to rapidly increase it until the slightest drowsiness was perceptible, and then to regard that effect as the measure of the dose, and to continue the dose and effect until the spasm subsided. He particularly insisted upon the fact that any dose less than sufficient to affect the sensorium in the slightest degree was insufficient for the immediate cure of the disease, and therefore that the art in the administration was to produce and maintain that effect in the quickest way, and with the smallest dose. After giving the sixty-fourth of a grain for three or four doses without any drowsiness, he would then increase it to the forty-eighth of a grain for three or four more doses, and again, if need be, to the thirty-eighth and thirty-second of a grain until the slightest drowsiness appeared. Thus the proper dose would soon be ascertained, and within one or two days the spasm would be materially lessened. He stated that within four and commonly within ten days he had cured severe cases so far as to reduce the spasmodic to a common cough, and to prevent the recurrence of any complication. The points he especially urged were, the rapid increase of the dose, to produce the desired effect, and the careful maintenance of the effect by regulating the dose. He insisted upon the necessity of using a graduated measure in the administration of the remedy.

Chronic Bronchitis.—The attacks of this disease, as commonly seen in the *habitués* of hospitals, he believed not to be inflammatory but nervous or spasmodic, both in the cough and in the dyspnoea, and also even in the sense of constriction of the chest; and that the aim should not be to increase the secretion, but simply and purely to remove the nervous condition on