

has been mistaken, and that the eruption appeared from debility or from some other cause?

These inquiries proceed from no acrimonious spirit, but from a desire to obtain information and elicit truth.

H. B. WHITE.

South Orange, Aug. 3d, 1846.

VASCULAR DISEASE OF THE SCROTUM—EMPYEMA—CANCER OF THE PENIS.

[Communicated for the Boston Medical and Surgical Journal.]

A MIDDLE-AGED man, during violent exertions, was seized with profuse hemorrhage from the dependent surface of the scrotum. Similar bleedings recurred at short intervals; the blood was poured out in a large stream, and was finally restrained by including the open vessel in a ligature. I was then associated with his physician, Dr. Carpenter, in the subsequent management of the case.

The left division of the scrotum was elongated and formed a globular tumor as large as an orange, but it did not involve the wasted testicle or its appendages. It was solid, had a knotty, fibrous feel, and appeared to be formed of a congeries of inelastic vessels. Its color was rosy red; it was entirely circumscribed, neither involving the parts on the right of the septum nor the superior portion of the scrotum by which it was suspended. When at rest, a powerful pulsating movement was communicated to it by numerous large arteries coming from above, each beating with a force exceeding that of the wrist. Moderate pressure caused little pain and no diminution of size. We were told that the morbid growth began in the patient's fourth year, thenceforward increasing slowly, giving little trouble, and receiving no treatment whatever. But the bursting of the vessels and the difficulty of suppressing the excessive hemorrhage was a source of alarm.

Under the circumstances, it was judged by Dr. Carpenter and myself that the proper remedy was excision, and to this measure the patient assented. The cut was made by pushing the knife through the elongated integuments, and carrying it both outward and inward, thus forming a double flap. Six or eight arteries bled profusely and required ligature. The flaps joined neatly, but before closing the wound, it was thought best to remove the remnant of testicle. Complete union quickly succeeded.

Upon cutting up the diseased mass, it was found to be a tissue of distended vessels, terminating in sinuses which would admit the handle of the scalpel. The multiplied vessels were therefore intimately reticulated and bound into a mass by fibrous, or, more properly speaking, cartilaginous tissue, which cut with a gritty sound. In the larger cavities were found many points of ossification, some three or four lines in diameter, solid bone. There were no signs of ulceration or tubercular disorganization. The disease was non-malignant and should, I think, be regarded as of congenital origin, partaking the character of congenital aneurism. The tumor weighed eight ounces.

Empyema.—A young man of tubercular diathesis was attacked with pleurisy of the left side in May, 1845, which ran into chronic inflammation, and this induced difficulties of an aggravated character. I saw him for the first time in September following. He was emaciated, his countenance was pale and anxious, lips puffy and livid, breathing quick and difficult, and he was harassed with incessant cough and expectoration. He could with difficulty only lie in a semi-recumbent posture upon the opposite side. The symmetry of the chest was gone, the left side being elevated and enlarged. Intercostal spaces were tense, and the hand applied to this side received no thrill from the patient's voice, and there was everywhere dull percussion. By listening at this side no vesicular murmur could be heard, but it was discovered that the heart was pushed completely over to the opposite side, where the functional movements were greatly embarrassed.

In conversation with his physicians, Dr. Deane and Dr. Puffer, we agreed in pronouncing upon the presence of a vast puriform accumulation in the pleural cavity of the left side. Acting upon this opinion, the space between (and near the angles of) the eighth and ninth ribs was selected, and the costal pleura exposed by a free incision, and then tapped with a trochar. A full stream of inodorous pus followed this movement, with happy relief to the patient's breathing. The canula (being stopped) was left in the wound, and during a few days the enormous amount of eight pints of pure pus was withdrawn. In the subsequent treatment air was permitted to enter the cavity of the chest by the tube, when suppuration soon ceased altogether, and the side collapsed. For several months the amendment of the patient's health was flattering, leading to the expectation of ultimate recovery. But the bursting out of the abscess through the original wound, has disappointed this hope, and I am informed that the condition of the young man is still precarious.

Cancer of the Penis.—An elderly gentleman applied to me for advice concerning a diseased state of the penis, which upon inspection proved to be cancerous. The substance of the glans was enlarged, ragged, turned out, and separated into deep fissures, through which urine dribbled. The orifice of the urethra was obliterated, and the passage of urine effected with difficulty and pain, while the desire to void it was constant. There was an offensive discharge of thin secretions. Except the glans and urethra, the other structures appeared sound, but in a retracted state. The disease began four years previous, with balanitis, but ignorant of the danger, which daily became greater, and concealing his malady, the patient endured a great amount of suffering, and permitted it to become malignant, and finally to destroy him.

I could not determine the presence of constitutional infection, but believed that such was not the fact; accordingly I amputated the organ, as nearly to its attachment to the pubis as possible, by a single stroke. A canula was fixed into the orifice of the divided urethra, and the wound healed slowly but favorably. But the patient's health, which for a few months was much improved, again began to fail. An enormous swelling (the patient was corpulent) in the right groin and contiguous parts, with

induration and enlargement of the spermatic cord, supervened, discharging at first pus from several fistulous openings. It increased rapidly in extent, became malignant, and carried off the patient nine months after the excision of the penis.

JAMES DEANE.

Greenfield, Aug. 3d, 1846.

MM. ROUX AND BLANDIN, OF PARIS.

[PROF. E. BARTLETT, of the Transylvania University, in a letter to the Editor of the *Western Lancet*, gives the following brief sketches of the two chief surgeons of the Hotel Dieu, in Paris.]

A neat and convenient, but unpretending, close carriage, with a single horse, has just stopped at the entrance; and now let us join the throng of students who are crowding through this door on the right hand, under the portrait of Dupuytren, and opening into the ward of St. Martin. This ward is a long room, bending a little to the sweep of the river, the windows on one side looking out upon a garden now green with the open spring, the stately horse-chesnut and the fragrant lilac just opening their blossoms to the dewy morn. The roof of the room is a double arch, and it is sufficiently wide for three rows of beds, each with its iron frame and its linen curtains—nearly eighty in all—and every one occupied by a patient. The floor, like French floors generally, is a sort of cabinet work of small blocks of hard wood, always kept nicely waxed and polished. In different parts of the room are three or four sisters of charity—everywhere ministers of mercy to the sick and suffering—with their kind and happy faces, and their neat costume, with a large bunch of keys, and their beads and cross hanging from their girdles. Near the upper end of the room, on castors, stands a table with several compartments, for bandages, ointments, and so on, required for dressings. A sister of charity stands by it preparing lint. The surgeon has put on his white linen apron, and a small embroidered velvet cap, called over the names of his *internes*, and squeezing himself in among the students who are crowded closely round the first bed, he stands by the side of his patient. He is above the average height, erect, and rather stoutly built, and looks about 60 years old. He wears a plain black dress and black satin stock. His head is large and well shaped, his hair is thin and nearly white, and the crown of his head almost bald. His features are thick and heavy—especially his lips and nose—the farthest in the world from what romance writers and poetasters call *chiselled*—but they are full of animation and vivacity. His eye-brows are gray and shaggy, and his eyes in such constant and rapid motion, that it is no easy matter to make out their color and expression. A friend said to me, the other day, that both his eyes were slightly divergent, first one and then the other—a very convenient arrangement, he added, as it was their only means of obtaining a little rest. Their color is a very light gray, or blue, almost white. He has the large, soft, smooth, clumpy hand—so common here, that it may well be called the French hand. He speaks with great rapidity, and is under-