

BOSTON CITY HOSPITAL.

SURGICAL CLINIC.

[SERVICE OF DR. THORNDIKE.]

Erectile Tumor of the Arm. — The patient, a boy ten years old, said the tumor had been growing six years. It was situated on the posterior and inner surface of the left arm, extending five inches upward from the internal condyle, and from the inner edge of the biceps round underneath the triceps behind. The growth was soft, doughy, compressible, painless, and deeply attached to the subjacent structures. The cutaneous veins were moderately enlarged, but the skin was not involved in the disease. There was no thrill nor pulsation in the tumor. The axillary glands were not enlarged. The motions of the elbow-joint were unimpaired, and the fore-arm and hand were in their natural state. Two ounces of blood were drawn from the tumor by the aspirator, but the size was soon as large as ever.

March 3, 1876. The boy was etherized, and Esmarch's bandage and tubing applied to the arm. Dr. Thorndike then made a vertical incision five or six inches in length over the tumor, and after dividing the skin and fascia came upon a dark-colored, lobulated mass of erectile tissue. The anterior portion, including perhaps one half of the growth, was cleanly dissected from the surrounding tissues, but the deeper portion was so intimately blended with the neighboring structures that it was impossible to clear it with the knife without greatly interfering with the healthy parts. The tumor was accordingly strangulated by passing numerous deep ligatures through and through the base of the growth. The tissue of the tumor looked much like placental tissue, and was partially encapsuled. None of the growth was removed, but the wound was tightly packed with sponges wet in ferric alum, and a firm bandage applied to the arm from the fingers upward. The rubber tubing was then removed, having controlled the hæmorrhage perfectly.

The patient was etherized every day for thirteen days, and the dressing renewed. An elastic tourniquet was always used at these dressings, and there was never any hæmorrhage throughout the entire treatment of the case.

Three weeks after the operation there was a healthy, granulating wound, with no appearance of the former disease. There had been no complication, and recovery promised to be speedy and complete.

There are several methods of treating these erectile tumors, the choice of which must largely depend on the nature, extent, and location of the disease. Not infrequently the superficial growths disappear without any treatment. But while present they are a continual source of anxiety, not only on account of their liability to grow, but also from the fact they may become the seat of malignant disease. Hence if there be any signs of the disease increasing in extent, an effort should be made to remove it, providing it can be done without running too much risk.

The smaller growths and patches are best removed by the knife, galvanocautery, or caustic. The first is speedy, certain, and at every one's command.

The more extensive cases may be treated by the cautery or caustic, or, if there are large outgrowths or tumors, by the ligature. In subcutaneous cases, where the skin is not involved, the tumors should be dissected out if possible, or, as in the above case, they may be partially tied. The treatment by injection is neither quite safe nor certain, and that by vaccination is seldom satisfactory, even in the slightest cases, the only ones in which it is applicable.

Lastly, there are those formidable cases of erectile tumors which require the utmost surgical skill and boldness to manage successfully. One of the most remarkable cases on record is that of a man in whom Dr. J. Mason Warren tied both carotid arteries and removed a large piece of the lower lip for an enormous erectile growth of the mouth, face, and neck. The patient recovered, and was greatly benefited by the operation. These cases usually require a variety of operations by the ligature, caustics, knife, etc., and are apt to require several repetitions before a favorable result is reached.

Traumatic Stricture of the Urethra. — Mr. M., aged fifty-eight years, received a gun-shot wound of the penis eleven years ago, which necessitated amputation of about one half of the organ. It healed readily, and to prevent too much contraction of the orifice of the urethra he wore an ivory plug, about an inch in length, for a long time. The irritation of the inner extremity of this dilator has produced a stricture one inch from the orifice. It admitted only a small probe when he entered the hospital. The stricture was gradually dilated until he could pass a fair stream of urine instead of passing it in drops, as he did when treatment was begun. He was ordered by Dr. Thorndike to keep the urethra dilated by occasionally passing an elastic bougie during the remainder of his life.

GEORGE W. GAY, M. D.

LETTER FROM NEW YORK.

MESSRS. EDITORS, — The commencement season at the medical schools has passed, and three hundred and eighty-five students have received the degree of doctor of medicine. The University Medical College held its thirty-fifth annual commencement exercises on the 15th of February, and graduated one hundred and thirty students. Bellevue Hospital Medical College held its fifteenth annual commencement on the same day, and gave diplomas to one hundred and fifty-nine of its students, while the College of Physicians and Surgeons gave diplomas to ninety-three on the 1st of March, being the sixty-ninth annual commencement of that institution. Bellevue and the Twenty-Third Street school graduated fewer men this year than last, while the university sent out more. Last year Bellevue graduated one hundred and ninety-eight, the College of Physicians and Surgeons one hundred and eight, the university only ninety-five, making a total of three hundred and ninety-eight against three hundred and eighty-five this year. It will be noticed that the university shows a marked increase in the number of its graduates this year over last, which can be accounted for only by the better accommodations provided for students in its new college building.

Within the past month the Society of the New York Hospital has been presented with the property at West Point on the Hudson so well known as Coz-