

time of his visit, Mr. Fergusson attempted, without success, to pass a catheter; and on the 21st of Jan., 1860, the patient having been narcotized, a No. 5 catheter was introduced and retained.

Jan. 30th.—Has gone on well since the introduction of the catheter, only having had one or two attacks of shivering.

Feb. 20th.—The urine came tolerably freely by the natural passage; but some still passes by the fistulous openings. He suffers considerable pain on micturition.

28th.—To-day Mr. Fergusson passed Nos. 6, 7, 8, and 10 without difficulty. An opening in the urethra was found this morning at the angle of junction of the root of the penis and scrotum.

29th.—The pain still continues when the patient passes urine, and was so severe last evening that he dreaded doing so; a catheter was therefore passed by the house-surgeon, and the urine drawn off.

March 6th.—Is going on very well; urethra in a much less irritable condition; fistulae all but healed, but the opening at the root of the penis still continues.

31st.—Mr. Fergusson determined to attempt to close the opening, and having pared the edges, brought them together with silver wires. An elastic catheter was introduced, and retained in the ordinary manner.

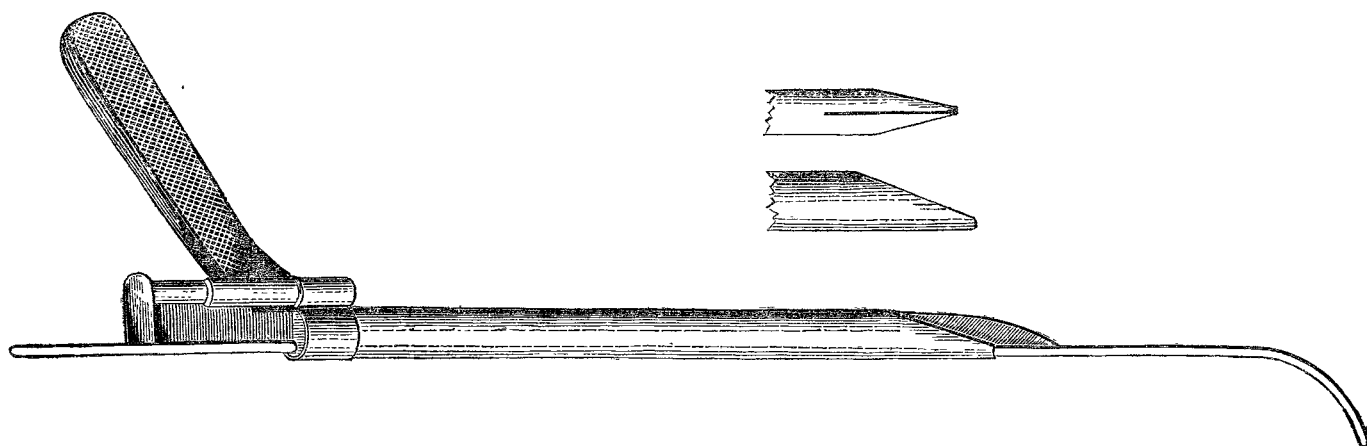
April 3rd.—The silver sutures have ulcerated through the skin; but the opening is decidedly less than before the operation. In other respects the patient is in a most satisfactory condition.

#### TWO CASES OF STRICTURE OF THE URETHRA SUCCESSFULLY TREATED BY THE URETHROTOME DILATOR.

(Under the care of Mr. Wood.)

Two cases of stricture of the urethra were operated upon by Mr. John Wood, on the 16th of May, with his new instrument, the "urethrotome dilator." The first of these cases was that of a man of about forty, who had been suffering from stricture for many years, and had never had a larger instrument than a No. 4 passed. The stricture was situated three or four inches from the meatus, and admitted a No. 2 catheter pretty readily. The second case was that of a gold-digger lately returned from California, where he first became afflicted with stricture, the result of gonorrhoea. In this case the urethra was very irritable, the stricture being situated in the most common locality—namely, at the junction of the bulbous with the membranous portion of the urethra. A No. 4 catheter was passed by Mr. Wood, after much careful manipulation.

The instrument which Mr. Wood has but very lately brought



under the notice of the profession combines the method of dilatation with that of the internal division of strictures, and consists—

1. Of a long steel staff, of about the calibre of a No. 2 catheter, grooved along its convexity, except for about two inches at its point, where it is curved to that extent.

2. Of a German silver canula, of the size of a No. 12, conical at its point, on the under surface of which there is a slit about half an inch in length. This canula is fitted with a convenient handle, fixed at an oblique angle.

3. Of a flat steel stilette, the point of which consists of a lancet-shaped cutting edge, about three-quarters of an inch long, working in the groove of the director by means of a thumb-plate and spiral spring.

The method of using this instrument seems to be simple and easy of application. The steel director is first passed through the stricture into the bladder, which fact may be ascertained by the urine trickling through the groove. The position of its point is always indicated by the groove, which is situated on the convexity of the instrument, and the short curve at its point allows it to be turned in any direction. The dilating canula is then slid over the director down to the stricture, which its conical point enters for a certain distance. Then the stilette is slid within the canula down the groove of the director, and on pressing the finger-plate at its extremity the cutting edge is protruded for about a quarter of an inch through the slit at the point of the canula, and still sliding in the groove in the director. It returns within the canula by the spiral spring in the handle extremity of the instrument. The dilating canula is now pushed on, and if it does not pass through the stricture, this may be scarified at its inferior, lateral, or even superior aspects, and the dilator pushed through it. The dilating and cutting portions of the instrument are now withdrawn, still leaving the original director. Over this again an elastic catheter is passed into the bladder, and the director withdrawn through it. In the two cases in which Mr. Wood operated, the instrument answered perfectly, the operation being performed without the aid of chloroform. In the first case there was no bleeding, and in the second only a few drops of blood escaped. Little pain was experienced by the patients, who walked home shortly afterwards, suffering little uneasiness.

Mr. Wood, in his remarks after the operations, made reference to the relative value of his instrument with those for the internal division of strictures from behind, in which a comparatively large sized instrument must be passed through the stricture before scarification can be had recourse to. He said that the chief recommendations of the urethrotome dilator were—1. The safety with which it might be used. 2. That the cutting portion of the instrument would only cut the indurated and contracted tissues of the stricture, and only just sufficient for the passage of the dilating canula. 3. That all previous dilatation of the stricture became unnecessary. 4. That it affords a ready means of combining dilatation with limited section of the stricture.

May 19th.—The second patient presented himself to-day, having suffered scarcely any inconvenience from the operation, since which the urine has been passed more freely, and in a larger stream. A No. 8, then a No. 9, and finally a No. 10 catheters were passed with ease.

The particulars of these two cases were furnished by Mr. Chas. S. Mathews, assistant house-surgeon to the hospital.

#### CHARING-CROSS HOSPITAL.

##### PERMANENT STRICTURE OF THE URETHRA OF LONG STANDING, WITH PERINEAL FISTULA, TREATED BY DILATATION WITH BOUGIES.

(Under the care of Mr. CANTON.)

A STEADY perseverance in the use of dilatation by means of bougies, in the following case, not only relieved an old stricture, but nearly closed up a fistula of the perinæum; indeed, when we last saw the patient it appeared almost obliterated, and his general health had very much improved. The notes of the case were furnished by Mr. W. Travers, house-surgeon to the hospital.

Charles C—, aged thirty-six, labourer, of intemperate habits until about ten years ago, since which time he has lived a very regular life. Found no obstruction in passing urine

until seventeen years ago, when he had a severe attack of gonorrhœa, which lasted for nearly two years; from this date he has noticed that the size of the stream of urine became gradually less, and that he required to void it more frequently. Twelve years back he had a chancre on the glans penis; this has left much induration around the canal for the first half-inch of its course, and a fistulous opening close to the frænum. He states that in July last year he received a kick by the side of the anus; the part became swollen and tender; an abscess formed, and at length burst; and after some little time he observed, whilst passing urine, that some of it flowed through this wound: this it has continued to do, more or less, ever since.

Admitted March 27th.—Urethral canal generally contracted, but in some places so much so as to render it impossible to pass a No. 1 bougie. Orifice very small and indurated. On passing the instrument along the canal a grating feeling was noticed in two or three places; on arriving at about five inches from the orifice, the point of the bougie, unless the handle was well depressed, appeared to enter a kind of cul-de-sac—entering, in fact, the perineal fistula. An external examination showed a small opening at the left margin of the anus, leading apparently into the rectum, but in reality opening into the urethra. The patient appears in good general health, and makes no complaint of anything but the mere annoyance.

April 11th.—From this date bougies were introduced daily, it was, however, many days ere a No. 1 could be got quite into the bladder.

The stricture has gradually disappeared, there having been but one break in the constant improvement. The fistula is nearly closed, the urine flowing through it only occasionally, and then merely a drop or two. At the present date (July 4th) a No. 12 catheter can be passed with ease.

## CLINICAL RECORDS.

### CONGENITAL ABSENCE OF THE AURICLE, AND MALPOSITION OF THE EXTERNAL MEATUS.

THERE is at the present time, under Dr. Chowne's care, at the Charing-cross Hospital, an extremely curious and interesting case, which we desire to place on record. It is in the person of Emily D—, aged sixteen years, but extremely small for her age, who was admitted, on the 5th of June, for hæmoptysis and derangement of the general health. She has the appearance of having always been a delicate and deformed child; and although intelligent, the forehead projects backwards, whilst the facial aspect is prominent. Her features strongly resemble those of the Astec children who were exhibited some years ago in this metropolis. Independent of her ailments, she has a malposition of her left ear forwards, to the extent of two inches more than the normal right ear, and the left auricle is wanting. Mr. Harvey mentions, in his useful and practical work on "The Ear," that a total absence of the auricle is rarely met with, but that it is sometimes replaced by a mere fold of skin. This proves to be the case in the present instance, for although the great bulk of the auricle is wanting through some congenital deficiency, there is a small fold of skin which crosses and nearly obliterates the external meatus, so that it is wholly invisible to the eye, except on careful examination. The fold of integument (which is the residue of the external ear), although small, is apparently divided into two portions, one of which is the remains of the tragus. The course of the auditory canal, or external meatus, is most probably in an oblique direction, backwards and inwards, and it is reasonable to assume that it is much longer than its healthy fellow on the opposite side. Whatever abnormal condition may be present, however, whether in shape, direction, length, calibre, or curves of the canal, the defective organ still retains its functional power, although, perhaps, not to the same perfection as the other ear. There can be no doubt that the transmission of sonorous undulations is modified by the absence of the auricle and the position of the meatus, whatever that may prove to be. The malformed ear has the appearance of having been cut off with a sabre, and a portion of the integument allowed to remain behind.

The present example affords much food for speculation as to the cause of the deformity during intra-uterine life, more particularly as it is in a part of the economy not usually influenced. The entire temporal bone must have become altered in shape and position, and it suggests the question whether it may not have been the result of injury at a very early period

of gestation. The case forms a striking contrast to one under the care of Mr. Birkett, at Guy's Hospital (already recorded in our pages), in which a child had two rudimentary ears growing from its neck, besides the two normal ears in their natural position.

### SYPHILITIC SORE-THROAT, TREATED BY A GARGLE OF BICHLORIDE OF MERCURY.

SOME of the more severe forms of secondary ulceration of the fauces and tongue are very frequently both painful and obstinate. In acute ulceration of these parts, not only is the ingestion of food a very painful process, but sometimes the pharynx and epiglottis are involved to an extent which renders solid alimentation impossible, and seriously jeopardizes life. Syphilitic ulceration of the mouth is productive of great inconvenience even when present in its milder forms. A severe case lately came under notice in St. Mary's Hospital, in which a cure was quickly effected by the employment of a gargle, which Mr. Coulson, who had the care of the patient, states is constantly employed by him in such cases, and is highly efficient. The formula included six grains of bichloride of mercury, twelve drops of hydrochloric acid, an ounce of syrup, and eight ounces of water: the gargle to be used three times daily, and the mouth rinsed after employing it. The patient is cured, and has now left the hospital.

### NECROSSED CAVITY IN THE SHAFT OF THE HUMERUS.

WHEN instances of necrosis of the shaft of the humerus present themselves for treatment, the disease is most commonly noticed at the junction of the upper with the middle third of the bone, somewhere about the insertion of the deltoid muscle. This condition is reversed in the femur, for it is mostly at the lower third of that bone that the same condition is observed. Necrosis is more common in these situations of the two bones, than nearer to the joint itself.

On the 15th February, a man, aged twenty-five years, was subjected to operation at University College Hospital, whilst under the influence of chloroform. He had been the subject of necrosis of the shaft of the right humerus for between two and three years. The arm was much weaker than its fellow, and contained two fistulous openings at its upper and anterior part, about an inch and a half apart. One of these openings was enlarged by Mr. Erichsen, who came upon a hard dry cavity in the bone, with a few gritty particles. Nothing could be felt actually loose; the wound was therefore stuffed with lint, and from that time suppuration became freely established; the cavity filled up by granulations from the bottom, and ultimately healed. The patient's general health was otherwise good, and he left the hospital quite well.

## Provincial Hospital Reports.

### NORFOLK AND NORWICH HOSPITAL.

#### CASES OF MYELOID DISEASE.

(Under the care of Mr. W. CADGE.)

(Reported by Mr. CHARLES WILLIAMS, House-Surgeon.)

CASE 1.—E. S—, aged forty-five, married, living in Norwich, was admitted into the above hospital July 9th, 1859, suffering from disease in the left knee. She states that fourteen months ago she had severe pain in the knee and calf of the left leg. A week or two subsequently she fell down stairs, but does not remember to have injured this joint. Soon after this event, the knee began to enlarge. It became painful, hot, and she could not move it. She noticed that the veins on the outer side were larger than they ought to be. She was obliged to keep in bed for three months, during which time she was under medical care; the joint was blistered, and iodine paint applied, without any benefit resulting therefrom. She was now induced to get about; but was soon obliged to take to bed again, where she remained until her admission into this hospital. The joint has enlarged gradually, though of late it has increased somewhat rapidly in size. The patient is a short, spare woman, the mother of two children. She has had uninterrupted good health until the commencement of her present complaint. Her family are not prone to any particular disease. She has never had rheumatic fever. The catamenia were regular until a year