

EPITHELIOMA OF THE CLITORIS.

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In view of the rarity of malignant neoplasms of the external female genital organs I wish to report the following case:

Patient.—A widow, aged 52, mother of two healthy children, gave the following family history: Her mother died at the age of 32, of yellow fever, her father at the age of 40, of acquired tuberculosis; her two sisters died in infancy of some bowel trouble. She passed the menopause three years ago. There is no history of malignancy among the immediate relatives.

History of Present Illness.—The patient was first seen in the latter part of January, when she complained of a pruritus vulvæ which had existed about two years. It had been very annoying for the past six months, and had resisted several different methods of treatment. Examination was then refused. The urine showed no sugar nor evidence of any kidney disease, was alkaline and contained an excess of phosphates. The patient was very nervous and not well nourished.

Treatment and Result.—Boric acid with sodium bromid and tincture of belladonna was given internally; a hot vaginal douche of 1/2000 bichlorid of mercury solution was ordered twice daily, and an ointment of oxid of zinc with 8 per cent. phenol (carbolic acid) was applied at night. In a few days the pruritus was much better and the patient was not seen again until March 19, when she complained of much burning on urination.

Examination.—Suspecting an urethral caruncle I insisted on an examination, but I found nothing abnormal about the urethra, nor any vaginal discharge, but found a growth of the clitoris about the size of half a hazel-nut, with considerable infiltration of the surrounding tissue. The surface of the tumor was ulcerated and covered with a dirty purulent exudate; it bled easily when touched. There was no enlargement of the inguinal lymphatic glands.

Operation and Result.—Removal of the growth was advised and was done the next day under general anesthesia. The entire clitoris and upper half of the right labium minus were excised with a large amount of the infiltrated and reddened tissue surrounding same. The wound healed by primary union with exception of a small place at the lower angle at the labium minus, which healed in two weeks. So far there is no sign of any recurrence. At the upper part, near the clitoris, there was a small whitish patch of thickened epidermis known as leucoplakia, said to be suggestive of malignancy. The burning with urination has disappeared. The patient was not conscious of this little growth at any time, but thinks that it may have existed three months. The pruritus overshadowed the burning sensation until near the last. It only remains to mention that the pruritus was not dependent on the tumor but is slowly disappearing under the treatment mentioned above.

Examination of Tumors.—The tumor was hardened and examined by Dr. Baumhardt of this city, who pronounced it an epithelioma of squamous type.

ATTEMPT AT SELF-CASTRATION.

J. M. WOLFE, M.D.
KASBEER, ILL.

J. W., aged 30, was brought to my office May 13, suffering from a self-inflicted wound. He had laid open the scrotum and succeeded in getting one testicle out, but was unable to sever the cord on account of the intense pain. He had, however, mutilated the organ to such an extent that it became necessary to complete the operation. I tied off the cord and the tunica vaginalis separately with catgut ligature. Infection was feared, as he had used dirt to control the hemorrhage, but to my surprise he made an uneventful recovery without the least sign of suppuration.

The patient was a masturbator of the most pronounced

type. He said he had accomplished the act as frequently as seven times a day, and he thought that by castrating himself he would get rid of the uncontrollable passion. He was somewhat deficient in gray matter, but had laid his plans fairly well for his work. He had shaved the hair off the pubes, hence it seems that he had some idea of cleanliness.

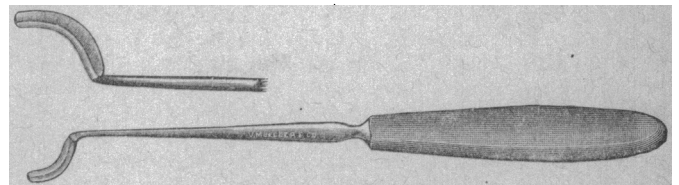
I was censured somewhat for not removing the other testicle. This would probably have not been justifiable from a legal standpoint, and I might have laid myself open to a malpractice suit.

A TONSIL PILLAR SEPARATOR.

DANIEL S. HAGER, M.D.

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Since the tonsil snare has come into general use for removing the faucial tonsil the problem of separating the adhesions of the tonsil and pillar has brought out many instruments. I have tried a number of the different makes and none has given me as good satisfaction as the one here shown, devised by me about one and one-half years ago. It can be used equally well for separating the pillars of either the hypertrophic or atrophic variety. The blade is set at such an angle as to conform to the anatomic curvature of the tonsil and fossa and by reversing is adapted to the curvature of either back or front pillar.



The top or fossa is started with a special knife (not shown here) and then continued down with this knife. The knife is shown with the double edges sharp, and this, in my experience, is desirable in separating a tonsil with a great deal of cicatricial adhesion, and especially where the tonsil has previously been partially removed with the old tonsillatome. For the hypertrophic tonsil in the young, however, or where the adhesions are only slight, the blunt-edged instrument would be preferable.

I can recommend it as a valuable instrument for this line of work.

181 West Madison Street.

UNSUSPECTED FOREIGN BODIES IN THE STOMACH REVEALED BY AUTOPSY.

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The following unusual case came under my observation while I was connected with the State Hospital, Danville, Pa.:

Patient.—J. A., a Pole, aged 35, from Susquehanna, Pa., was admitted to the institution Aug. 6, 1896.

History.—The mental status was one of melancholia terminating in dementia. There appeared little physical or mental change for several years. On Feb. 7, 1905, there was noticed a marked failure in the patient's physical health. Mentally he was quiet and gave no trouble. Physically he was weak and emaciated. For a week previously he had a rise of temperature. Several weeks before he had an attack accompanied with considerable pain in the region of the bladder.