

by a similar parallel incision, and with the cord dissected out and reflected; a transverse incision then connected the two, and a few sweeps of the knife separated the growth. Ligatures were then applied to every bleeding point, between thirty and forty having to be used.

No subsequent hæmorrhage took place. The penis and testes were covered with a weak solution of carbolic oil on lint; this formed the only application.

The testes, which reached with their elongated cords nearly to the knees, were supported on a pillow, and with the penis, completely excluded from the air by the dressings.

The weight of the tumour was found to be nearly 65 lb., including a quantity of fluid resembling serum drawn off.

About seven weeks after the operation the patient was able to get up and walk about. The testes are now quite retracted to their normal length, and covered over with a sort of skin.

CASE 2.—Sheik Hyath, Mussulman, aged twenty-six years, admitted on the 13th September, 1873, into the Calicut Civil Hospital, with elephantiasis scroti of ten years' duration. For two years past patient has not been able to stand, owing to the weight and dragging of the tumour, which has commenced to ulcerate at its base, exuding a slight watery discharge.

At the patient's request, I determined to operate, though he was not in the best of health, and had a slight cough. Still life was a burden to him, on account of this huge growth, which would only tend to weaken him if allowed to remain. Accordingly, as in the other case, with Dr. Pout's assistance, the tumour was successfully removed on the 18th September. About thirty ligatures were applied. The steps of this operation were similar to the preceding, but one (the right) testicle, having been found to be diseased, was removed, and the vessels of the cord tied. The weight of this tumour proved to be 61 lb.

The case from the first did exceedingly well, complete recovery and retraction of the remaining testicle rapidly taking place.

*Remarks.*—This form of growth is occasionally seen in the United Kingdom, the largest tumour successfully removed in that country having been done by Mr. Liston, in Edinburgh. In this case, however, the testes and penis were removed. The weight of the tumour was 44 lb. An interesting case of one weighing nearly 30 lb. is published from the pen of Dr. Wiblin in the Transactions of the Medico-Chirurgical Society for 1863; the man, however, died soon after the operation. Dr. Fayrer, first surgeon Calcutta Hospital, in his work on Clinical Surgery in India, records a number of cases in which he has operated with good results in most of them.

### CASES OF FLEXION OF THE UTERUS TREATED BY THE NEW INFLATABLE STEM PESSARY.

BY WM. ROSS JORDAN,  
SURGEON TO THE HOSPITAL FOR WOMEN, BIRMINGHAM.

THE following cases have been treated by the pessary I exhibited at the Obstetrical Society in June, and noticed in THE LANCET report of the meeting. As these cases are published simply to illustrate the use of the instrument, I shall report them very briefly.

Miss B—, aged twenty-five, has suffered for four or five years from a very painful ante flexion. She describes the pain as "a grinding pain every step she takes." She has constant desire to pass water. She has used every pessary that I could think of as being at all suitable to her case; almost all relieve her for a time, but either come out from a violent cough she has, or very soon cause pain by pressure on the rectum, &c. I introduced my new stem pessary with great comfort to the patient, and, with the exception of once being forced out by the cough, I heard no more of the flexion. This patient was in the last stage of phthisis, and had been unable to walk for several years without an intra-uterine support; simple vaginal pessaries aggravated the pain.

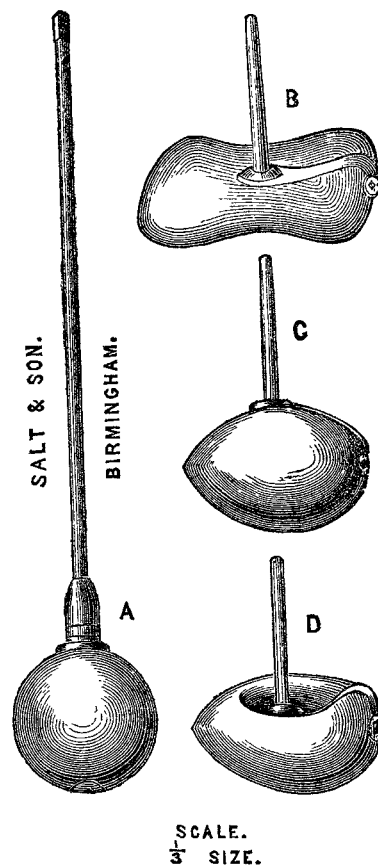
Mrs. D— recently had a miscarriage, followed by ante-

flexion which gave great pain a little above the left groin. The pessary was worn for a short time, with relief to the suffering and cure of the flexion.

Mrs. A—, a thin, nervous woman, had her first child a year ago. She now complains of great pain in the coccyx, and over the pubis, and is unable to walk or to attend to her duties. I found that she had had a fracture of the coccyx, which has united at an acute angle. She has retroflexion of the uterus. All the usual pessaries give pain. I introduced my stem pessary, which has afforded great comfort, and relieved all the unpleasant symptoms excepting those resulting directly from the state of the coccyx. She can now walk and perform her ordinary duties.

Mrs. J— has suffered from the pressure on the rectum of two large fibroid tumours of the uterus. I raised the tumours out of the pelvis as much as possible, and introduced a pessary *without stem*, to the great comfort of my patient.

The pessary consists of an intra-uterine stem fixed into an india-rubber pad, which is inflated and locked by means of a valve, leaving no external tube. The



engraving represents various forms of the pessary (B, C, D) fitted with the metal valve. A, an ordinary india-rubber syringe with metal tube, the end being filed square to fit the square hole of the valve, and to form a key to lock in the air.

The pessaries are introduced collapsed by means of the tube of the syringe, or by long forceps, and are then inflated to the required degree; a slight turn to the right locks the valve and the tube is then removed. It will render the insertion of the inflator more easy if a string be passed through the india-rubber loop to draw down the valve near to the vaginal orifice. The pessaries may be of any shape, so as to meet the needs of any case. Messrs. Salt and Son, of Birmingham, will manufacture the pessaries.

Birmingham.

### A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

### HOSPITAL FOR THE EPILEPTIC AND PARALYSED.

A CASE OF HEMIOPIA, WITH HEMIANÆSTHESIA AND  
HEMIPLEGIA.

(Under the care of Dr. HUGHLINGS JACKSON.)

It is now well known, thanks to Vulpian and Prevost, and to Humphry, Lockhart Clarke, Broadbent, Russell Reynolds, and others, that from a grave lesion (a large and sudden lesion) of the higher divisions of the motor tract (corpus striatum and optic thalamus) there results hemiplegia, in which there is not only paralysis of the face, arm, and leg, but also deviation of the two eyes and frequently of the head. The eyes, head, and face turn from the