was, however, subdued by the careful administration of prussic acid. The patient was, in the meanwhile, allowed good diet; he began to rally under it; the thigh was firmly bandaged, and it gradually diminished in size, so as to come very near its fellow in point of bulk. It is very probable that the pressure applied to the sac contributed to its not refilling; the parietes of the latter became gradually thickened by infiltration of lymph between the sac and the cellular tissue surrounding it; the patient regained a little strength, and on the 15th of July, about two months after admission, he was discharged in a very favourable condition.

This case illustrates the advantages of copious evacuations of the purulent fluid, and subsequent pressure on the walls of the sac. Much has been said of late regarding astringent injections into the cavity of abscesses, followed by continued pressure; some benefit may, perhaps, in certain instances, be obtained from this method; but it would nevertheless appear that a little risk is connected with this line of practice, and that its application will require some amount of discrimination.

Peculiar Mammary, Scirrhous, Encysted, and Incipient Melanotic Tumours.

On August the 10th, 1850, tumours of various descriptions were operated upon; Mr. Stanley first removed a peculiar one from the breast of young unmarried woman of twenty, which was about the size of an orange, and lay immediately under the skin. It was of the kind called by Sir A. Cooper chronic mammary tumours, and presented interest in so far as relates to the existence of certain ramifications in the substance of the tumour, the nature of which seems to have only recently been made out. Mr. Birkett states that such branchings are nothing but lactiferous tubes developed in a newly formed mammary tissue. Thus the chronic mammary tumour would be merely a sort of abnormal appendage to the gland. If we recollect well, Sir A. Cooper did not look upon these ramifications as belonging to the lactiferous system. Removal, however, seems to be the most judicious practice, whether the one or the other pathological view be maintained. The patient has gone on well.

Mr. Paget operated on the same day upon a woman about forty years of age, whose breast was the seat of a scirrhous growth; the latter was of small size, and presented the usual characteristics of such tumours. The peculiarity which belongs to this case, as pointed out by Mr. Paget, is, that by its gradual development the tumour had so encroached upon neighbouring parts that it had drawn a portion of the pectoral muscle into its own texture, the cancerous matter lying between the muscular fibres, and having completely consolidated them. The whole of the mammary gland was absorbed; no traces of it were left; the nipple had quite disappeared; and in the place of the former organ nothing but a small scirrhous mass was found, which had incorporated into itself the superficial portion of the pectoral muscle. The progress of this patient has likewise been favourable.

The third tumour was of the encysted kind, and had formed in the right labium pudendi of a woman about fifty years of age, of a somewhat coarse and heavy appearance. This tumour had, according to the patient's statement, been growing for the last five years, and no particular exciting cause, such as a blow or difficult parturition, &c., could be traced. The swelling was about the size of an orange, soft, and fluctuating. Mr. Stanley laid it freely open, and a fluid of the thickness and colour of chocolate at once gushed out. The walls of the cyst immediately collapsed, and the parts resumed their normal size and appearance. Whether this was a sort of hydatid cyst, the clear secretion of which had been mixed with blood, must of course remain in doubt; but another suggestion as to the nature of this tumour was brought forward—viz., that it should be looked upon as a degeneration of Cowper's glands in the female, (Lawrence.)

On the 31st of August Mr. Paget had occasion to remove a tumour, very probably of a malignant nature, from the sacrum of a woman about forty. It was of the size of a large walnut, dense, somewhat moveable, and the skin covering it of a very dark colour. Mr. Paget did not dissect it out, but excised the whole growth with the skin covering it, by two elliptical incisions. He was induced to proceed in this manner, as he thought that the tumours developed in moles, as had happened in this case, are for the most part malignant. This tumour had been growing for about a twelvemonth, and its structure, though not quite definite, resembled medullary cancer. A brown spot was noticed on its lower portion, which Mr. Paget considered as a melanotic change, a very common transformation in such growths.

ST. THOMAS'S HOSPITAL.

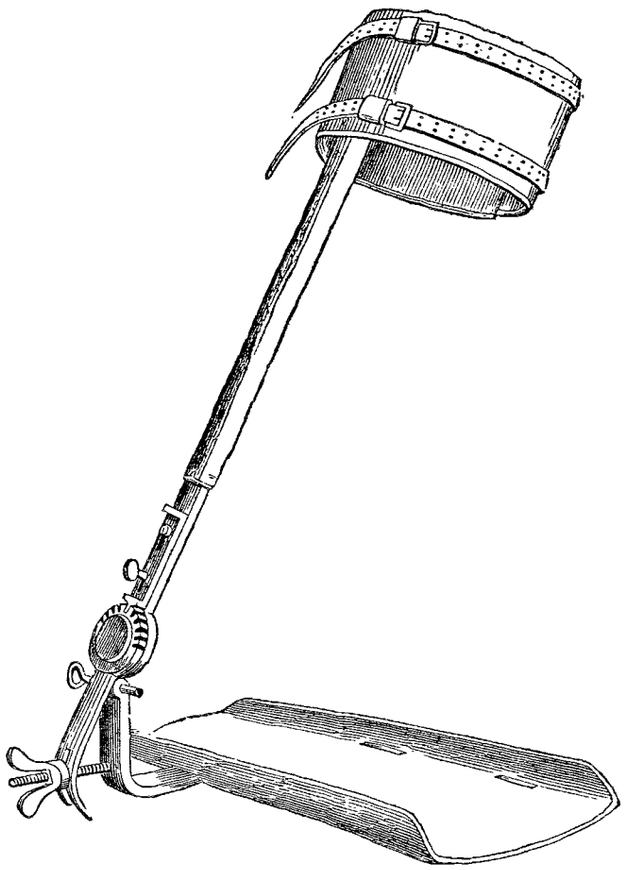
Talipes Varus; New Form of Apparatus for Extension after Operation.

(Under the care of Mr. Le Gros Clark.)

For several months past, we noticed among Mr. Le Gros Clark's patients a little girl, wearing a peculiar apparatus for extension, upon whom Mr. Clark had divided the tendo-Achillis, to remedy congenital talipes varus. He was kind enough to direct our attention to the case, and we have much pleasure in offering to our readers the following details, with a representation of the new apparatus used on the occasion.

The patient, Mary R——, aged fifteen, was admitted into St. Thomas's Hospital, under the care of Mr. Le Gros Clark, in November, 1849. The case presented an illustration of that extreme form of talipes varus in which there was not only entire inversion of the foot, but where it was also turned over, so that the plantar region was directed upwards, whilst the dorsal surface of the tarsus rested on the ground, (talipes dorsalis of some authors.) A large bursal pad was developed in the latter position, and progression performed with great awkwardness and difficulty. The whole limb was shrunk, especially below the knee, and the foot shortened and curved upon itself, the toes overlapping each other. The deformity was congenital.

Shortly after the patient's admission, Mr. Clark divided the tendo-Achillis in the usual position and manner, and the foot was put up loosely in Stromeyer's apparatus. The inconvenience and imperfection of the latter became very conspicuous in this case at a very early period, for it occasioned considerable pain up the leg, and vesications on the toes, dorsal surface of the tarsus, and heel. This induced Mr. Clark, who had felt dissatisfied with all the mechanical forms of treatment which had come under his observation, to consult with the instrument-maker to the hospital,* in order that an apparatus might be constructed, in itself more simple, efficacious, and easy of management, and, at the same time, less irksome to the patient. The following description of the instrument, which was immediately manufactured for, and first used, in this case, was supplied by Mr. Milliken, Mr. Bigg's intelligent foreman in St. Thomas's-street, who superintended its construction.



"The instrument is intended for talipes equinus, valgus and varus, and consists of a leg-piece, with circular strap, to pass round the leg under the knee, an ankle-joint, forked extremity, and foot-piece. The joint at the ankle allows of the

* Mr. Bigg, of Leicester-square and St. Thomas's-street.

foot being placed at any angle; the upper part of this joint is cut in cogs, and a sliding catch is attached to the leg-piece, which fits into the cogs, and secures the foot when the toe is raised. Immediately below the joint is a hinge, which allows of the foot-piece being detached at pleasure. The under part is attached to the latter, and is furnished with a nut and screw, playing in the forked extremity. The foot-piece has a ridge at each side to confine the foot, and five long holes cut in it—viz., one at the heel, and two at each side, in which the strapping is to be secured. Detach the foot-piece, and strap the foot down to it, in as straight a position as possible, and over the strapping (adhesive plaster) place a roller, leaving the portion for the hinge free. Now apply the leg-piece, and put the hinge together, letting the foot take its own position. Gently twist the affected foot with the hand, but not so as to give pain, and screw the nut so as to keep it firm. Then raise the toe of the instrument in the same way, and secure it by the latch. Examine the strapping, and snip it with a pair of scissars where it would be liable to cut. The instrument should be attended to daily."

This instrument was prepared, and ready for application, on the fourth day after the operation. Before applying it, a broad and strong band of the plantar fascia was freely divided, by which the antero-posterior curvature of the foot was at once relieved, so that it could be placed flat on the foot-piece of the new apparatus.

The instrument was worn, without inconvenience to the patient, for a lengthened period; and the blisters on the toes, heel, and tarsus, speedily healed. It was necessary once to intermit its use for a short time, in consequence of the patient suffering from chilblains in very cold weather. The screws were almost daily slackened from an early period, to allow of the employment of passive motion; and thus some ground was gained in effecting the requisite extension of the ankle-joint.

When the apparatus was left off, a boot, with an iron support, extending up the leg, was substituted. The patient was soon able to walk, but everted the foot, whilst the knee was inverted; and though the foot was planted quite flat on the ground, it was *thrown out*, at each step, just as paralytics walk. In fact, it was evident that the extensors of the toes and flexors of the ankle were quite powerless; and no motor influence had been regained over them when she left the hospital, early in June, though the position and shape of the foot were natural.

Mr. Le Gros Clark remarked, respecting this case, that it offered an interesting illustration of the remediability of an extreme form of distortion, by the application of a suitable apparatus after operation. But he attached much importance to the employment of daily passive motion, after the expiration of, at most, the first week; at the same time that he deprecated continuous extension, which was painful to the patient. Indeed, passive motion is much more effective in procuring the same result, with infinitely less risk and suffering to the patient. He observed that it must be a subject of speculation, whether the paralyzed condition of the tibialis anticus and extensors of the toes was itself the cause of the deformity, or a consequence (from continued extension) of the retroversion of the foot. Time will prove this, as the latter defect will probably be eventually remedied, in part, if not entirely; but if this be defect of original nervous organization, it will be permanent.

KING'S COLLEGE HOSPITAL.

Complicated Stricture of the Urethra, and Fistula in Perinæo; the Urethrotome.

(Under the care of Mr. FERGUSSON.)

MR. FERGUSSON has lately discharged from his wards a patient, whose case presents unusual interest, as, besides the extraordinary lesions which his urinary organs had suffered, two modes of overcoming stricture were used for his relief—one about which the profession are not agreed, and the other of a novel description, devised by Mr. Fergusson.

The patient is a man, aged twenty-five, a native of Lincolnshire, who always enjoyed good health, until, about two years ago, when he met with the following accident:—Whilst on board ship, following his trade of carpenter, he fell astride across part of the rigging. He at first suffered great pain in the perinæum, but it ceased in three or four hours, and slight swelling succeeded it. He continued, however, in pretty good health, and was able to attend to his work for a full month after the accident; but at this time the pain increased, and he was suddenly seized with retention of urine, which, according to his statement, lasted *ninety-eight hours;* his bladder was then punctured from the pubis, and the urine drawn off. A canula was left in that viscus for about six months, and during the whole of this time he only passed a few drops of urine *per urethram*. Soon after the perforation of the bladder a leech was placed on each side of the artificial opening, and two months afterwards urine flowed through both leech-bites. The fistula resulting from the bite on the right side healed in a twelvemonth; but urine was still flowing from the one situated on the left when the patient was admitted. It would appear that an incision was made into the perinæum at the same time that the bladder was perforated above the pubis, and urine had continued to escape through the wound in the perinæum also up to the patient's admission into the hospital.

The perinæal fistula, when first examined by Mr. Fergusson, presented an opening with an irregular margin, situated quite at the anterior part of the raphé. It was very tender to the touch, the patient being always obliged to sit upon one ischium at a time. The second fistulous orifice was situated in the left iliac region, about an inch and a half above, and internal to, Poupart's ligament. Thus, when the patient made efforts at micturition, the urine passed, more or less imperfectly, through three apertures; the meatus urinarius, and the two above-mentioned fistulous openings. The poor man had been under treatment for a considerable period at Hull, and had come to London for further advice; he was in a very feeble state of health, pale, emaciated, and weak. After he had had proper rest, Mr. Fergusson attempted to pass a catheter, but an insurmountable obstacle offered at about two inches and a half from the meatus. It was therefore advisable to procure a free outlet for the urine in the perinæum, so that the parts above might gradually be brought to a normal state; and as it was found impossible to pass an instrument into the bladder through the perinæal fistula, Mr. Fergusson resolved to divide the urethra in front of the anus. For this purpose, the patient was brought into the theatre, April 21, 1850, and laid on his back upon the table.

Before he was tied in the position for the operation of lithotomy, Mr. Fergusson made several attempts, with a probe and flexible catheter, to reach the bladder through the perinæal fistula, but as he could not succeed, the patient was forthwith tied up, and placed under the influence of chloroform. A staff was introduced into the urethra through the meatus, as far as the sinuosities and co-arctation of the canal would allow, and Mr. Fergusson made an incision along the raphé, commencing about half an inch behind the root of the scrotum, and terminating about one inch from the verge of the anus. After the muscles and fasciæ of this region had been divided in the same direction, Mr. Fergusson cut vertically into the urethra, after which a short elastic catheter introduced into the wound passed with great ease into the bladder.

But an obstacle of a very unexpected description prevented the instrument from at once gliding along the urethra. Whilst Mr. Fergusson was introducing the flexible catheter, he felt the instrument arrested by a rough body; this circumstance at once suggested the idea of a calculus being lodged in that part, and such a complication might well have deranged the whole plan of the operation. But Mr. Fergusson, making use of the scoop, succeeded by gentle traction in bringing to the surface the object which lay in the canal, and which proved to be a small calculus of a dark colour, irregular form, and of the size of an almond, which lay in front of the membranous portion of the urethra. It had very much the appearance of a piece of bone, riddled in all directions from the passage of urine through it. The stone was very soft, and consisted of triple phosphate and lithic acid.

There had not been any symptoms of stone, and Mr. Fergusson thought that their absence was owing to the calculus lying in a pouch, formed by the urethra, in the perinæal region. When the catheter was introduced through the perinæal aperture, the urine flowed very freely through the instrument; but Mr. Fergusson mentioned, after the patient was removed, that very possibly the catheter had merely reached the above-mentioned pouch; this was a very exceptional case, and it could hardly be said to what exact extent the urethra had been divided, but considerable progress had now been made. Mr. Fergusson added, that the urine now passed very freely through the catheter, and that the next step would be to divide the stricture lying in the anterior portion of the urethra. This case was one of a very unusual nature, and the surgeon had no choice, as a first step towards the cure, but to cut through the neck of the bladder, and pass a catheter into that viscus. The patient was carefully attended to for the next few weeks; the urine passed mostly through the perinæal aperture, and the fistulous opening of the pubis very nearly cicatrized.