Clinical

Observations in Surgery

conducted in the Hospitals of Paris,

by

Arthur Troup's Bros.
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Clinical Observations in Surgery.

Before proceeding to the actual detail of any particular case, and commenting thereon, I deem it the necessary for the information of my readers, and as showing in what extent the Medical Profession of the French capital have availed themselves of the greatest and most beneficial discovery of modern times in Surgery, to make a few remarks on the mode of administration of Chloroform.

All the bitter and most unjustly assailed, and stigmatized, as being opposed to morality and utility, all former opinions and prejudices, gradually one by one their creations of the fancy have fallen before its incontestable virtues, and now one and all vie, with the exceptions of a few, whose voices may well be compared to the last embers of a fire, subjected to well merited castigation, in extolling its excellence over every substance of analogous properties, and in the invention of machines for its administration. The fact of its coming into such general estimation was necessarily accompanied by an eager search after the most approved method of administering the drug in such a way as to the most efficacious in producing the desired effect, and least dangerous to the patient; then its principle of action was discussed freely and openly, and its effects carefully studied, and as is usually the case when a general panacea arises for the attainment of any desirable object, the most simple
means were still continue the overlooked or disregarded, while
would be savants plunged headlong into the most intricate enigma
for theories, the sum of which is the expenditure of a vast
amount of time and ingenuity, and in whose attainment has
been accomplished by some stable, calculating mind, in a fraction
of the time and at considerably expense or may be erroneous.
Such is a history of the progress of anaesthesia by chloroform,
and such ever will be the case, I presume, with similar discov-
eries as long as human nature exists.

On visiting Paris, for the 1st time, I was naturally curious to
ascertain if the Paréian surgeons had adopted chloroform into
their armamentarium & to discover how far their attempts & audacious
would be successful; inasmuch as during a short visit to London
I found, as I had heard, that there success was exceptional,
and not attained by either the most simple or elegant methods.
The results of these visits, I regret to say, was not what I had
anticipated; France her surgeons long upheld as being the
fathers of medicine, skillful, active & ingenious could they
be wanting in a matter of such importance? I will not
say that they are, but what I said that I must faithfully
describe. They appear true, with two or two exceptions, to
administer chloroform entirely forgetful of this principle, that
nature, when decisive of attaining any object, never goes a
round about way to work, and that if we wish to produce
any effect, which if success must take place then the medium
Of a natural process, the easiest and most feasible method, is
aiil oneself of that process. To explain, at present, the only
known method of inducing anaesthesia by chloroform, is this
the medium of the respiratory function, if therefore we wish to
produce this effect, the easiest method is to allow nature to retain
her usual function.

At the Hôtel Dieu, under M. Magny, when the patient is placed
upon the operating table, the internes administer chloroform
from a most formidable machine, composed of respiratory, take
cocks, stop-cocks, valves etc., the patient's nostrils are compressed
so that he cannot breathe, while a tube is pressed firmly against
his mouth. and in this fashion anaesthesia is induced, in a
space of time varying from a quarter of an hour to 2 minutes,
and this in general but very inefficient. In the same institution,
a very useful lesseu might be learnt from M. Robert's method,
which of all that I have seen most nearly approaches the Edict's
plan. It consists of a conical sponge, damped, into which the
liquid is poured. This is applied gently to the patient's mouth.
At La Charité, under M. Velpeau, there seldom was a
patient thoroughly anaesthetized, often its application with
the liquid is spurred, and when it is employed the patient's nose is firmly compressed,
and a large pad drenched with the liquid is dabbed down on
the patient's mouth. Half a dozen cloths laid on top.

Under M. Milatow, at the Hôpital des Cliniques, it appeared
time that enough is not given for a dose, while here also the
injuries are compressed, while in addition, the patient is considered so weakly that the talking and questions put to him for the purpose of ascertaining how he feels, etc.

At the Val de Grace, the great military hospital of Paris, where all the operations are performed by men of standing and assisted by qualified surgeons, the administration is very inefficient, so much so, that I have seldom seen an operation performed there, where the patient could be said to be thoroughly under the influence of the opium. It is needless to multiply instances, which might be done, suffice it to say, that after acknowledging some of its virtues and willing to give it a fair trial, they are either unacquainted with the proper means of administering it, or with their national taste for variety, whether useful or otherwise, indulge it here to an almost unlimited extent, in the invention of complicated machines (what other name can justly be applied to them) for the accomplishment of an object which from 2 years experience, under Professor Syme, personally, and ocularly, in the theatre of the Royal Infirmary of Edinburgh, I can assure is attained there by the simple inhalation from a handkerchief held at a little distance, or their feel inspired, in a more efficacious, safe, simple and sure manner than at any other institution in Britain or France which it has been my lot to witness, and I feel bound to make this opportunity of thus placing my opinion (however worthless) on record, inasmuch as having had the advantage of passing my studentship in the great capitals of London, Paris, Dublin...
Edinburgh, and being therefore unbiassed by partizanship or local interests, I saw more safely confine those who elsewhere make a point of opposing any novelty, whether useful or not, emanating from the Edinburgh school; and whose only object is, not that they may really discuss the subject as men of science, but from some motives, or even the less honorable ones of jealousy, or envy, endeavour under this cloak to advance themselves at the expense of others.

Empirelas.

Notwithstanding the frequency of this disease, and the disastrous effects which it occasions at times, and although its study has engaged the attention more or less of every member of the profession, producing every variety of opinion as to its origin, nature, treatment, it appears to be as little understood at the present time, as five and twenty years ago. It appears at all times and seasons, in every constitution and at all ages, and the treatment which in the hands of one man, will succeed in almost every case, will in other hands almost fail. Such are the impressions produced on my mind from witnessing the disease as it appears in England, and therefore I am that I introduce the subject here, not that I can say, after a few months' residence, throw any light on the subject, but because there are circumstances attendant on it here, which may not prove altogether uninteresting or devoid of utility in a medical or scientific point of view.

As regards its prevalence, during the past winter, in Paris, my own judgement leads me to conclude, that perhaps less, there
has been decidedly less, than one might be led to suppose would have occurred. The atmospheric phenomena, which are often
recited the prevalence of erysipelas, denoting something peculiar.
It was generally remarked that the "winter was very mild a late," in fact so much so, that at times our summer clothing would
have been an additional comfort. Not infrequently, in the night,
a slight shower took place rendering the mornings damp and
gray. The cold weather appears suddenly (as it usually does)
but later than in former years, however there was no decided
peculiarity in the season. But with all this typhus fever,
attended with abdominal derangement, raging as an epidemic,
yet the attacks of erysipelas were not as numerous nor epidemic,
generally attacking three patients who were the subjects of
operation, not appearing to pass from one to another but having
run its course died away. It lasted from a few days to a month
or so in persons of debilitated habit, gradually subsiding and not
appearing to include any number of persons in its attacks—
its slightly infectious was its nature, that in several cases, if patients
were operated on order that it might pass off, when the patients did
not appear the attacked, thus justifying the expectations—
now as regards the treatment of this ineratite enemy of the operator
I must confess that of I was here after the guided by what I saw
practise in Paris, there would little else but "open joint"
be administered, for I have seldom seen a great a disease for
shown in its treatment there. The favorite applications
appeared the alcohol, as a lotion several times a day, is advocated by Dr. Belgeant, but which in many cases, I think would be better expended as a draught than externally as a lotion. Sulphate of Quinine was in considerable vogue, as also solutions of gun-cotton. These appeared to be the principal remedies employed. When the cases were mild, doubtless this treatment was sufficient, but their aggravation of fever, rigors, coma tended to be exceedingly dangerous, as in several cases the patient nearly sank for want of proper remedies being withheld. The French as a nation, with Medical & the Community at Large, are not addicted to frequent calls at these theories, but that is not a sufficient reason for withholding remedies, when a case is one of primary importance and the success of the treatment pursued altogether negative, more especially when the frequency of this disease is made an scapegoat for non-performance of certain operations etc. Neither a small amount of good is capable of being wrought still in this branch of our profession, at all events in as small degree as in the French Capital.

The management I propose following with regard to the cases present here detailed is, to take up the surgery of the different regions in succession, rather than a dissection collection of cases thrown together without regard to their anatomical peculiarities & relationship, not to make such remarks on the cases & treatment as may from their novelty appear necessary, or success prove useful.
Surgery of the Head & Neck.

1. Affections of Lachrymal Appendages.
Fistula Lachrymalis.

Dacrocyctitis, with its resulting Fistula Lachrymalis appears to be not an uncommon disease in Paris, for scarcely a week passes without several cases presenting themselves at the various hospitals. When once the matter has formed in the lachrymal sac, it sooner or later bursts, and its contents are discharged into the nose, in accordance with the rules for the treatment of collections of matter elsewhere.

If great attention be paid to this sac, it becomes liable to attack of an acute character giving rise to a Fistula, a source of considerable annoyance to the patient, if of disfigurement also, an additional evil if it happens to a female. With a view to alleviate this condition 3 different methods are generally employed in Paris: 1. The introduction of a naso-; 2. Twenty-one and 3. Destruction of the sac by cautery. Of these 3 methods, that by cautery appears to answer best, but of course where such a variety of operations have been proposed no one in particular will have much advantage over the others, and each will have its own supporters, but the chief merits of this method of treatment, are its being more certain and efficacious, least in the cases I watched, while as regards the appearance of the patient, at a little distance no one can observe the head which is also less inconvenient — as the destruction of the sac by cautery I think it should be reserved as 'dernier recours'.
Jacob's Ulea.

This disease, though doubtless known by many by appearance, will not be recognized under the name assigned to above, but as I have seen several accounts in various periodicals on acute surgery, in which the description of the disease is not assigned to the proper quarter, I take this as one of those of stating the true facts of the case, knowing how they really stand. A long ago, in 1827, Sir Jacob, the eminent scullic, in the Dublin Hospital Reports laid the particulars of a series of cases before the profession, in which he fully showed how a disease hitherto accredited as cancer, diffused materially from it in a variety of ways, and having described it as an ulcer, sums up its characteristic features as follows, "the extraordinary slowness of its progress, the peculiar condition of the edge and surface of the ulcer, the comparatively inconsiderable pain produced by it, its insensible nature, except by estimation, and its not contaminating the neighbouring glands, all denote its non-malignant nature."

The following case is an example of the disease before it has made much progress. Joseph Scott, at 70, a musician, who has lost his right eye by an accident, states that 25 years ago the disease commenced in the lower lid of the left eye, as a small pimple or tubercle, in the centre of a cut, caused by a fall, but how long after he is unable to state. This pimple increased year by year, at length ulcerated, and soon extended slowly, progressively ever since, causing but slight inconvenience with little pain. The ulceration now occupies the outer half of lower...
lid, is superficial extending from about the centre to the eighth of
an inch beyond the external canthus, and engaging also a small
papilla of the upper lid as well. The surface, which is polished, glistening
is covered by granulations or small nodules of varying size, and of red color,
and traversed by numerous small vessels; the edges are elevated and
indurated; the matter secreted which is small in general is healthy in
character, and the adjacent tissue natural. On draining down the
lid, the disease has attacked the inner lining membrane. Under
these circumstances the patient wishing to have some operation
performed, the whole of the disease was removed by an incision carried
along its edge and meeting with a straight one from the upper lid.
Water dressing was applied and in the course of a week or ten days, he
was discharged. As regards the nature of this case, no one could entertain
the idea of its being cancer. I believe, that had I seen a specimen of cancer
the utmost that could be done by those who advocate its cancerous nature,
I would call it "Canceroid Woke", for, on my own part, I am inclined to think it
a natural process of decay, occurring in a part of low vitality, as evidenced
by its usually occurring in old persons, almost invariably in the
same situation, and with little disposition to heal. The treatment should
always consist of excising of the diseased portion, and the sooner the better.
The parts in general healing with facility and as far as I am aware
there was in any relapse. In a paper in the Medio-Chirurgical
Transactions 1838, Mr. (or was Pathius) states his preference for the
Chloride of Lime, and more recently Prof. Lyon, in his clinical lectures,
has recomended Codlin oil as an expectaive for cases of all kinds situated.
in the face, certainly extirpation by the knife and the application of the Chloride of Lime are the only measures which offer any reasonable grounds for success, and although it is almost impossible to lay down any precise rules for the employment of either, yet from the results of several cases, treated by Dr. Jacob, I would suggest this distinction: when the disease has not involved any large extent of surface removal by the knife offers the greatest chance of success; but when the ulcer has extended its ravages over the cheeks, perhaps, even the temples, the application of the caustic Lime warrants repeated attempts at cicatrization. This was particularly evidenced by a case treated in the Clinical Ward of the Dispensary at Edinbro' by Dr. Syme. A very just critique, awarding full credit to Dr. Jacob for his description of the disease, will be found in Dr. MacKendri's work on Diseases of the Eye, and with this extraordinary anomaly that, whilst entering into Dr. Jacob's view, it is described under the head of Cancer of the Eyelids.

II. Affections of the Digestive Organs.

Cancer of the Lips.

(Carcinoma under any form and attacking any portion of the body is a disease of fearful interest to the surgeon. It is apparently a 'blood disease' manifesting itself locally at first, but if once the stimulus is given, the matrices multiply, it soon disseminates itself throughout the whole frame appearing...
in several localities at the same time, and at length so preventing the normal nutrition of the body, that the subject suits attacks into exhaustion. The most eminent pathologists have not as yet decided upon its nature; it would therefore be vain in any essay of this description to enter into any disquisition on the subject.

The following cases are illustrative of the practice of continental surgeons in cases of malignant disease, and as showing how far behind hand in certain operations they are to us. Hence appear a species of vanity on the part of an Englishman, to make use of such expressions, but as it is the fashion to talk of continental surgery, as being preeminently superior to our own, I feel justified in bringing forward such examples as have fallen under my observation or hearing of the candid and unbiased opinion of those competent judges, whether or not it becomes the high authorities lavished upon it.

Frederick Baldwin, at 42, admitted into St. Thomas's Hospital, with cancer of the lip. About 2 years ago, he was operated on for a similar affection, which was removed by a V-shaped incision. The disease now occupies a triangular portion of the lower lip, commencing about one-eighth of an inch from each commissure, extending down to the middle of the chin; is that it may fairly be concluded, that the line of the former operation was the portion 1 attacked. The diseased portion is elevated into a hard tisue.
meas, which is formed in various directions, generally in the
vertical, the edges are rounded half a centimeter from a variety
footed discharge, accompanied with almost constant lancinating
pains. The commencement of the present intermittent the data
about 4 months ago — The operation performed for its removal
consisted in a transverse incision being made from the hypod
line to the chin, in the malar line, and extending thence upwards
the diseased portion. The integuments, muscles, etc. were then
excised off the gums, and the diseased excised by 2 incisions
passing obliquely downward towards the malar line — meeting into
the cheek. Ligatures were now applied, and the next step
proceeded with, which consisted in dividing the cheek upward
contours on both sides, to about an inch, with a pair of scissors
corresponding
the facial artery having been secured, the edge of the portion
excised were secured & maintained in situ by interrupted sutures,
as far have lip, and lastly the mucous membrane of the cheek,
and the integument were confined by suture —
the case progressed slowly, erysipelas ensued, which prevented
the union by part venturing, however before he left the hospital
union had taken place. There was considerable puckering of
the cheeks, at the angles of the mouth, and as far as personal
appearance was concerned, no slight deformity remained thereby.
A similar case to the above, only in not so formidable a degree,
and in which there had been no previous operation. Here,
The dissection of the thorax was carried out by a semicircular incision, to
expose the heart by curved scissors. The skin and pericardial membrane
were examined by a new invention called a "dermaphone," which
consists of a stout piece of silk wound on a wire, twisted so that
it forms a sort of spring, the ends are serrated to remain closed
except on pressure. They are in general use in the Parisian
hospitals, but I saw no advantage in them over sutures or
threads, in fact, if disposed to consider that leeches bite or
similar causes produce erysipelas, I cannot see how a patient
should escape if several of these were applied.

The fact of the above cases merits consideration for more than
one reason. It is an example of a peculiarity common to the
constitution which, although manifesting itself locally at one
location, returns in the original seat of the disease, as in the
jejunal intestine, or in some other organ. The exciting cause cannot
easily be determined, but doubtless in these persons, constitutionally
affected, smoking is almost invariably the cause, witness the
similarities in both habitual smokers. In these distant cases, easy
account for the predilection which causes exhibit for this
locality, but it has suggested itself more on some occasions, that possibly, its occurrence in certain localities
might be accounted for in the following manner, and thus
both sets of cases rendered harmonious.

There are certain portions of the body, where a particular tissue
undergoes a natural transformation of its constituents, in order
that it may become blended with and usurp the function
of another; thus, a serous membrane become mucous, and
this again be altered in various places as it becomes intermixed.
Now doubtless the kindsness of these particular localities must
undergo some change in order that the conditions by which they
may supply nutrition for any one of these textures may be
enumeable to those of the others when placed it takes.
Lettus, the exact causes of carcinous be called into action,
and we will have that malignant deposit occurring in those
particular localities when this transformation of material has
taken place. Such a theory will apply to such cases of cancer
as occur on the lips, in the mamma, the prepuce of the pennis,
&c., whilst we find that one or other of the above conditions
is fulfilled.
As regards the Operations, in the first I fear for its success, it
stayed me at the time, that the greater sacrificed the root of the
disease, in the words, did not remove a sufficiency of the healthy
tissue, for the sake of operation, which in itself was badly
designed. Had Mr. Kellet been aware of the progress made
in the department of surgery, amongst British surgeons, I believe
he would have followed a very different course. The incisions
recommended by Dr. Syme would have suited this case very well,
and if adopted here would have obviated the necessity of dividing
the cheeks on the lengthened bone from the hyoid bone. The fact,
when placed in opposition, was quite on the stretch of the suture lipo
and cheek quite wrinkled formed a thick leavely folded at each corner of the lip, so that it could not be a matter of much surprise that cystoplas should have set in. In the second case, a new feature in surgical appliances (at least to English eyes) was introduced, the sephine, the process no advantage, but on the contrary being small and difficult of management, besides the small nature of the tissue they form in the skin must act as source of irritation. They will soon fall into disuse, but are not likely to meet with much support in England

Cancer of the Tongue.

The following cases are introduced for the purpose of still further illustrating French practice & the utter invalidity of interfering with a disease of such known uncertainty, in the success of operations undertaken for its removal.

Case I.

Jean Baptiste, 47 years old, a small thin emaciated subject, admitted into l'Hôpital des Cliniques for disease of the tongue.

Note that he was always of excellent health, nothing as yet troubled him, habitually, until about 4 months ago, when a small lump formed on the right side of the tongue, it rapidly increased, gradually obstructing mastication & at length filling up the mouth, which at present appears constantly distended.

When opened, the mouth presents a very singular appearance, the patient has lost nearly all his teeth, the mucous cavity is filled with a tumour which is dense & in many places ulcerated, while deep furrows separate it apparently in licks. On passing the finger...
backwards, it is just possible to distinguish its limits on the right side, but on the left; the edge of the tongue appears intact after but considerably indurated. It is attended with some pain and the submaxillary glands are enlarged.

It was hence determined to operate, and the patient being deeply under the influence of chloroform, an incision was made in the middle line, extending from the lower lip to the orbicularis, thus all the way down to the substance of the tongue, considerable hemorrhage followed, which was arrested by ligatures. The blades of a pair of sharp-pointed scissors were so thrust behind the inferior maxilla, the object being to afford room for the chain saw to play with the latter instrument; the bone was divided —

the tongue was then drawn forwards by a cork-bottle, and the soft parts, detached from the bone on the left side, till the root of the tongue was reached, and sufficient hemorrhage it was divided by successive strokes of a pair of scissors, interrupted by the placing of ligatures on the various vessels. The divided bones were then placed in apposition, twisted sutures applied to the union; on which a bandage placed round the jaw — a piece of sponge was placed in the cavity of the mouth. Primary union took place along the incisions. In order to excise out the mouth of the patient after clear of pus etc., a syringe was used 2 or 3 times a day, playing from a short distance into the mouth, with this the patient expressed himself gratified — the object of keeping the divided jaw in apposition & firm union, a mould of lead was fitted.
but it became constantly enlarged, various remedies were put into requisition, some displayed much ingenuity and although it was allowed to unite at pleasure. The man recovered so far as he able to leave the hospital about six months after, but I could ascertain nothing as to his present condition.

Case II.

A morbid student admitted under Dr. Nelaton for cancer of the tongue. The tumor had been the subject of various opinions and operations previously, it had been treated as of syphilitic origin and large doses of mercury administered; patients had been excised; in fact almost every operative proceeding had been employed but the excision of the tumor, and it was now evidently deferred until the case was beyond hope. Here was much medical haggard, notwithstanding as he expressed a wish, and as Dr. Nelaton said it was the only chance remaining, excision was resorted to for not only of the tumor but also of the tongue. Nearly the same proceeding as the last was followed, the patient not being under the influence of chloroform. Owing to the connections of the tumor to the jaw and palate bone of the right side much difficulty was experienced, as the tongue could not be drawn out to facilitate its detachment. The hemorrhage was almost incontrollable, so much so that the patient nearly fainted from the loss of blood, he being at length only stopped by passing a string needle and double ligature that the remainder of the tumor was then compressing the arterial supply. The patient was placed in bed in a very exhausted state, and although
progressed favourably for a few days, but at length sank from exhaustion—

I might cite numerous other cases, which occurred under Mr. Valpola, and Mr. Macfarlane at the Cochin Hospital.

The latter operating upon all such cases as have been refused by other surgeons, but they are counterparts of one another and tell the same tale. It appears strange that men who have passed their term of life and experienced its sorrows, should die with such leisurely a charnels of rapid extent, even at the expense of much personal hazard and discomfort—

These ideas crossed my mind, when looking at the grey-haired tottering old man, who was the subject of the first case; the chance that he survived the operation were many times against him, and that he still lives is extremely problematical.

Such operations would hardly have been undertaken in this country without subjecting the operator to the charge of acting unjustifiably. In all such cases ligature I believe the the correct method of treatment, with perhaps the application of a strong caustic occasionally, and above all, when old age & impaired nutrition are the subjects, that good & generous diet would prolong life in the majority of cases infinitely beyond the term which operations such as those above described will permit of; but if any operation is to be performed, let that golden opportunity be lost in the vain discussion as to the nature of the tumor, but acting with decision, remove such a portion of the organ as the necessity of the case demands while yet there is time.
Structure of the Oesophagus.

Alphonse Garnier, a 37-year-old man, states that about a year ago, an abscess appeared on the right side of the neck, it slowly enlarged, but was at length opened by a surgeon, by the application of the caustic potash, which gave exit to the matter, the cavity after remaining fistulous for some time, healed up. Some months after a similar one appeared on the left side, just outside the sternomastoid muscle, and about an inch or so above the clavicles, this followed the same course as the other, but here the patient thinking it a very simple matter, threw an abscess, plunged his penknife into it, but to his great surprise only a small quantity of pus escaped accompanied by a jet of gas. The abscess decreased, but never healed up entirely, a small fistulous opening still remaining, which at various times gave exit to gas and a thin serous fluid. From this time he perceived symptoms of stricture arising; deglutition became difficult, although he could swallow liquids, solids above all meats experienced considerable difficulty in passing, attaining completely to and were in consequence rejected from the seventh month. In order to facilitate the passage of the food, he was in the habit of placing his thumb or a finger, about an inch and a half above the sternum, when about to swallow, a then firmly pressing the finger past the obstruction. Such being the symptoms a feeding tube was introduced, which was arrested by the passage becoming suddenly obstructed at the right when the patient was accustomed to press when about to swallow.

On examining the part externally, Mr. Velatow discovered a tumor...
behind the trachea, lying within the sternomastoid muscle, and
overlying the patient to swallow, it was moved up and down simultaneously
with the trachea and oesophagus. There is no difficulty or pain in moving
the neck in any direction, nor any external swelling. No sore had
typical in any form. Dilatation with sounds was the treatment
employed locally, assisted by soda of potassium and injections of
syrup into the small fistulas opening. Occasionally during his stay
in the hospital, at intervals of a day or two, small jets of gas
emanated from the fistula, generally after a meal or during it.
The patient suddenly breaking himself off without permission,
no decided opinion can be offered as to the success of the treatment,
although he expressed anxiety that he was a little better.

The above case is of curiously interesting. At first it is evident
there was a simple abscess, but was there any connection between
the fist and the wound? and if so, what was its nature? are
questions which will naturally suggest themselves to everyone.
On considering the anatomy of this region, it is highly possible
to suppose that there could have been any connection between
them, for undoubtedly the course of an abscess in the neck, not
making its way to the surface, would be along the fascia between
the muscles, and then for the most part round downwards; and
when the effect of gravity is considered in addition, these two
circumstances in conjunction would tend most materially to
direct the course of the matter downwards instead of across the neck.
Moreover, on introducing a probe into the fistula, it was found
to fall downwards towards the anterior line behind the sternum.
The presence of air in the second abscess is not easily accounted for.
This seems the more probable, for the following supposition:
In this instance, than any other; that an abscess formed, deeply
seated near the oesophagus, producing thickening of its substance,
thus producing by chronic inflammation, the formation of the
structure. While feeling its way towards the surface, it was also
attacking the wall of the oesophagus, ulceration succeeding, the while
the matter was discharged, which may account for the small
quantity of matter found in the 2nd abscess when opened.
As the structure advanced, at times, when a crust was stripped,
the air was forced into the cavity of the abscesses, then accumulating,
and as it afterwards appeared only twice when there had been
some staphy.
As regards structures of the oesophagus generally, there can be
little doubt now, that the correct method of treatment is gradual
dilatation, as for structures elsewhere. This may be effected by the
introduction of passages or sounds into the oesophagus, about
every second or third day. They should not be left in the passage,
but withdrawn as far as the rectified tube.
There are three ways of accounting for the accumulation of gas
in the fistula, but these are not supported by the symptoms
present. A cancer might exist at the top of the lungs or near
communicate, but as the patient's chest was perfectly normal
or he had pulmonary symptoms, such could not be present explanation.
III. Affectious of the Nasal Passages.

Fibrous Naso-pharyngeal Polypi.

The youth of the generality of patients attacked by this disease, its insidious character, and the operations frequently called for, & practiced for its relief, are sufficient reasons for a detailed account of the present case.

Lucien Bodley, at 19. Whose peculiar appearance is indicative of no malignant disease, gives the following history of the present disease complaint. Was always been a sufferer from cold in his chest especially during the winter. Towards December 1851, he first noticed an alteration in the tone of his voice, and that his respiration about that time became embarrased. For this symptoms he was treated by the injection of dextrose into the nostrils. A polypus being soon after discovered in the nasal fossa, he was subjected for 11 months to operations every week for its removal, but however producing any amelioration in his condition.

Being dissatisfied with his treatment, he came to Paris and in December of 1852 entered La Charité under Mr. Velpeau. By him, he was operated on twice, once by trepan and thence by excision. The passages were rendered free by these means, the tumor however was soon reproduced, and he the patient extended the Hospital des Cliniques.

On examination, there is some deformity of the features, the right side being more plump than the opposite, and the angle of the mouth drawn down. In the right nostril, a tumor can be seen.
of a dark red color. On opening the mouth, there is evident bulging of the hard palate and on lifting up the uvula, by a pair of dissecting forceps, the tumor can be seen extending backwards & downwards into the pharynx, it is round and of pale pink color, and dense & firm consistence. The exact seat of the tumor was determined by the bimanual process of the occipital bone, by pressing the finger of forceps along its sides. Habit seat of any protrusions into the facial fossa did not appear probable. The deformity of the face was not due to any projection forwards of the maxillary bone; nor was there any pain on pressure, but ulceration was imminent & definitive in fact.

To afford any chance of a radical cure, removal of the tumor and that, in this, was the only feasible remedy left, as well as to far better its place of origin as to render it reproductive impossible. Antiseptics, Foments, excision had each been tried and failed in affording relief. The operation performed in the present instance was Dr. Kellogg's own, having been performed by his once or twice before with perfect success.

The patient is placed upon a chair, with head well thrown back, the occula is then thrown off with a forceps and it as well as the soft palate divided with a scissors, or bistoury, the incision is then prolonged forwards on the hard palate, within about 6 from each of the dental archs, dividing all the tissues down the bones. A second incision is then directed transversely across
the first, at its anterior extremity, make giving a flap, which
Mr. Mettauer separates with a spatula from the hard palate,
as far as desired. The bone being now divided, with a periosteal
shaver are drilled into the bone at the extremities of the maxillae.
Into these are placed the blades of a Biströei's forceps. a the
bone divided, in general this suffices to divide also the bone
longitudinally, so that with an ordinary forceps a piece
of bone is withdrawn, fully exposing the face of the maxillae
and consequently the attachment of the polypus. If, the
edges of the palates bones are not regular, they can be pared with
a bistoury, such as the operation as usually performed, but
in this present case, owing to the state in which he found the
parts during the operation, it was not carried out exactly in
the same manner. After taking off as much of the palate as divide
the mucous membrane covering the hard palate, & when about
to divide the hard palate, he found that it had been in a great
measure absorbed, so that the only covering the polypus was the
fibrous tissue which covers the hard palate, the mucous membrane.
The exact seat of the tumor was found to correspond to the situation
previously supported by Mr. Mettauer, exactly, he then proceeded
before it, by passing a bistoury, then a) dissecting it steadily
away, & at the attachment, while with a strong bistoury his
connections were divided. It was about the size of a small
orange, of almost cartilaginous hardness, possessing no
pedicle, its root being of the same diameter as the tumor—
In section, the texture was distinctly fibrous, the fibres running parallel to one another and radiating from the attachment.
In its substance there existed one or two small cavities filled with a serosanguinous fluid. There was very little hemorhage during the operation.

The after treatment consisted in preventing the edge of the mucous membrane from uniting which they display a very strong tendency to do, and in the application of strong caustics Nitric acid, Nitrate of Mercury, etc. There was no constitutional disturbance whatever, the patient is now nearly well.

Without entering into the general question of Polypi, mistakes are so frequently made in the diagnosis of fibrous Polypi from malignant growths, besides every case of great interest, for the patient itself relieved by operation, that generally being a capital cure, he will fall into the hands of quacks who will torture him to such an extent that probably he will suit under it. This characteristic have been pointed out by Dupuytren and Professor Lyon, and when once diagnosed even, it still remains a matter of some doubt by what means they should be removed. This of course greatly depends upon the case itself, and to the solution of question, that the tendency of the following remarks will be directed. Where small and with a narrow pedicle, there can be little doubt that the application of a ligature will suffice - but such cases it is not an easy matter
to diagnose, and unless in private practice we often meet with so little inconvenience as they cause at first, that it is not until they have made some progress & attained some size that they are discovered.

On dissecting the base of the skull, covering the fascial process of the occipital bone and the sphenoid bone in their conjoint surface will be found a layer of strong fibrous tissue, and it is almost invariably from this that the fibrous polip forms its origin. In order therefore remove them, when they have attained such a size, that neither ligature nor powerful traction will suffice, that is to say when operative measure must be put in force, it is necessary to reach this exact spot, and with this view, two or three operations have been at different times performed, such as the removal of the superior maxilla, the palate bone & tongue. Now in estimating the value of these various proceedings, there is I believe a wide difference, and in all cases I feel nearly confident that removal of the palate, as in the present instance, will suffice; for the following reasons;

1. By the removal of the palate bone you gain, all that it be desired, or can be obtained by the other.

2. The irritation which succeeds the removal of the superior maxilla, is infinitely greater than in the other case, since it deprives a young man of a very important portion of the organ mastication & articulation, while

3. The actual seat of the disease is more easily & more readily attained.
and smoothly exposed them by the other method, and then you can apply cauteries etc. to the surface of the implantative mass directly. Then and

4. The excision in the case of the excision of the superior maxilla is lasting, while by operating thus, the palate bone, which will only be temporary lost of tissue which can be restored by a future operation.

The future treatment of these cases, consists in the application of cauteries etc. till the cautery is destroyed, and at length when there is no further chance of its recurrence, the edge of the wound in the palate may be approximated by suture, after the cautery has been performed the case is completed. The future progress of this case will thus be accomplished —

Fibrous Tumour of the Anterior.

This case presents no peculiarity beyond the operation, which presented the most satisfactory result I have ever been able to procure in the case of the superior maxilla. This was one of those cases where the administration of chloroform was most unsuccessful, as large quantities were expended.

The patient was placed on the table, supported up with pillows; the operation commenced in the usual way, by removing the canine tooth, an incision was then made from the tip to the septum, running rather to the right side, with a pair of scissors. Ligatures were then applied, the teeth, and a second incision commenced, extending from the tip of the nose, thus, the cartilage, to the a
level with the inner canthus of the eye; at this point, it was
next by a 3½ recurring transversely outwards for about half an inch.
The direction of the cheek being completed, the operator took
a sort of punch, with which he made an opening between the
end of the mouth and the floor of the nose, in order to admit a
chain saw, which however was not used, the bone being divided
with a small saw of the usual form. The nasal process and all
the malar attachment were divided with a pair of stout scissors,
and the operation completed by approximating the
flaps oficcissial and covering them in situ by interrupted sutures.
The needles were removed on the second day after the operation,
and a court plaster applied. The patient made a rapid recovery
and was discharged in less than a month, no traces whatever, except for minute inspection
could be discovered.

Almost every variety of incision into the cheek, has been proposed
for the removal of this bone; the operation being seldom accompanied
by any great disfigurement and the result in general very
satisfactory. I conceive the reason why, the incision into the
nasal process of the nose and the malar bone has not become
generally adopted is the supposition that union might not
readily take place, but after having seen this case and the
facilitating which it allowed of all the necessary operative
proceedings being put in execution, I can have no hesitation
in giving it the highest praise, as in addition to the divided
line of incision, there is no great scar left in the cheek.
Cyst of the Chin

All the observers of the cysts of the chin are in agreement, that they are rare cases. Several cases are on record among French authors, where the lesion was enormously dilated, leading to the supposition that a solid tumor was the cause. In general, these collections of matter are slow in progress, unnoticed, without pain, and usually produce distortion of the cheek, or evocative alteration of voice. They are generally found in the young, but I am not aware of any cause by which they can be faithfully ascribed. The following case occurred in the Hospital des Enfants. Alfred Lamb, at 13, a small, delicate, looking boy, but very serious, admitted with a swelling of the left side of the face. He gave the following account. Seven weeks ago he first perceived a swelling in his cheek, which was then so small as to be unnoticed. It has continued to increase ever since, without pain or inconvenience of any sort. The left side of the face is considerably swollen, and a bulge in the situation of the chin. The canine fossa is obliterated, and there is a prominence of the palate. On making pressure on the tumor, it recedes, the patient appears thirsty, and a sensation of cracking, similar to parchment, is elicited. There is no distinct sense of fluctuation determinable. A tumor was introduced between the cheek and gum, which gave exit to rather more than a wineglass full of a clear, yellowish fluid of considerable viscidity, containing mixed up with it, flakes of opalescent cholesterol. The tumor immediately diminished, and
injections of soda-water were thrown in, which altered the
character of the lining membrane of the cavity, so speedily
and the secretion and in short time the patient was discharged.
In the treatment of these cases there can be no doubt about the
propriety of opening them & evacuating the fluid, but how
and where this is done is by no means an unimportant question.
If an opening be made from the mouth, into the palate, the
food, gastro, colon etc are thus, decaying, causing a most
offensive odour to the patient & those with whom he comes in
contact, neither is it a convenient place for administering
as they cannot remain sufficiently long in contact with its victim.
Dr. B. Brittle's idea of inserting a sharp pointed scissor into the cavity, & then leaving a permanent opening has as advantages
that I can see, nor the method employed in the present instance.
From the success of soda-water injections here a judgment for its
universally acknowledged value in this case, which may be
considered a somewhat analogous case, there can be no
objection between, while, if instead of submitting the patient
to the annoyance of every morning & evening withdrawing a plug
several times for many years in succession, soda-water is employed
and it acts on the lining membrane of the cavity, as I would
the secretions and allow of the closure of the cavity, its closure
an, I hold, equal to if not superior than any other method
of treatment hitherto employed.
Diseases of the Rectum.

Fistula in Ano.

Notwithstanding the excellent treatise of M. Hiber and the practical remarks of Krapow on this subject, it does not appear true that French surgeons have profited much by their writings if I may be allowed to judge by some dozen cases or so which I saw treated in the hospitals in Paris. Whether it is that the present men disbelieve the arguments put forward by the above authorities, or are ignorant of the nature and consequently the treatment of the disease, I cannot pretend to say, but this I can say, that not one case have I seen treated during my stay here according to the generally true treatment (I say "generally" because I have reasons for knowing the termination of these cases that apparently successful are but no means so much as the public are led to believe) and that several have been in hospital for 4 months and still remain in a condition far from being cured. Without entering into the details of any particular case, I merely mention that at the Hôtel Dieu under M. Polux x Tabet, at the Val de Grace under M. Velpeau, and at the hospital des Cliniques, excision still continued to be practiced, cautery de ligature mitt infrequent, and seldom a mere division of the septum. As consequence of this radical methods of treatment, patients remained in the hospital for months, without deriving any benefit whilst the surgeons themselves, indulge their national taste of keep their hands in by frequent cuttings and snippings of mere minor excisions,
A very interesting case I saw under Dr. Larrey, at the Val de Grace, in a soldier. She was admitted with an acute abscess at the root of the arm, which was opened and a quantity of thick purulent matter evacuated, with a very offensive stercoraceous odor. On examining the joint an internal opening was found, two days after, however, more could be discovered, Dr. Larrey therefore concluded that it was a mere mechanical opening caused by distension from the contents of the abscess. I hardly think this can be the true explanation of the case, it appears true that we in all probability the internal opening would have afforded an exit to the matter, had not it been frustrated by the lance, and that as soon as this was done, nature closed up the internal opening, the duty which it would otherwise have been called upon to perform being taken away by the artificial opening.

Fracture of the Arms.

The unfortunate subject of this painful malady, was a female admitted into the Hospital des Cliniques, with the usual symptoms. After various applications of an operative nature, she was submitted to the following operation, unsurgical in principle and barbarous in action, it can be a matter of very little surprise to any English taught mind, that the patient should have suffered 4 days after, from peritonitis. Having been placed under the influence of chloroform, the surgeon Dr. Reinfatz, introduced two or three fingers of each hand into the rectum, then with all his force gradually overcome every obstacle by tearing the epithelium
The patient was then placed in bed, from whence she was removed but died under a week after the operation.

The principle upon which this mode of treating piles of the anus is founded, is, that locally the contraction of the muscle is overcome which then allows of the healing of the ulcer. Had simple incision been adopted, I have little hesitation in saying, a far different result would have awaited its performance, so that the unfortunate woman might now have been enjoying that health which she justly expected from the hands of the surgeon.

Polyposis of the Rectum.

The history of this case is as follows;

Iedore Short, 43, cabinet maker, married but with six family.

The patient is a fine strong healthy looking man, and says that he was always been subject, since 1829 to some disease of the rectum, commencing with leukorrhea, accompanied with frequent bleedings and discharges of pus. In 1846 he was cured for piles, which greatly affected him, but little relief. From 1848 an abscess formed at the base of the anus, leaving a fistula for which he was operated by Mr. Vile, at La Chantli, and cured. He underwent excellent health, but once twice after he began to experience sharp cutting pains in the rectum, till 1851, when he discovered one day on going to stool, a tumor, which protruded at the anus, but which was easily returned, for three symptoms he again entered La Chantli, but on an operation being performed he left the hospital. He was applied to Mr. Neilson, in December 1851 who applied a ligature,
The tumor and early in 1852 he was discharged. By this time he was relieved for some months, but soon (10 months after) he has returned with more aggravated symptoms. As preced, a tumor can be felt about the edge of an orange of a globular form, and irregular on its surface of soft consistence, bleeding on the slightest provocation, such as constipation or going to stool. The passage of stools twice in bed, during the night, and when at stool often in quantity, not infrequently mixed with pus. Has severe pains, whatever, and appears in excelle general health. Mr. Watlows determined to try and place a ligature round the tumor, on which was found impracticable by means of a pair of deeply grooved forceps as recommended by auphin, to touch its base and destroy the vitality of the tumor. The patient was therefore placed under chloroform, and proceeding commenced as detailed in the last case, the object here being to afford space for manipulation with the tetter. Then passing his whole hand or half the forearm up the rectum, he discovered the tumor was ulcerated and as soft as to break down on the slightest pressure, that its cost was too extensive to place a ligature upon and that the application of the forceps was impracticable. He therefore broke down the tumor piecemeal and brought away 2 or 3 handfuls of a soft, semi-transparent, jelly like matter, distinctly mucilaginous in appearance. There was considerable hemorrhage during the operation, but the patient experienced no disagreeable symptoms after it, and continued progressing favorably for some time. Some weeks after, however, pain came on in the abdomen.
and fever, accompanied with obstinate constipation. For this he was treated by laconiums & warm baths which for the time afforded relief, however, continuing to get worse he was discharged and the last accounts I was able to obtain, were so unsatisfactory, that I fear he did not survive much longer.

This case, so far as the age at which it occurred is concerned, presents no exception to Dr. Cooper's experience of the disease, for he appears to think it a disease of youth, twenty two being the limit at which he found it appear. In some respects a similarity be can be observed by Dr. Spence in his Treatise on Diseases of the Nervous System, in which he states the patient, and some time after a tumor was found extending from the wound. This man, who was examined before for polypus or ligature, suffered from a relapse, this small probability arose from some fault in the application, as authors on this disease do not appear to read a recurrence after ligature.

It might be said that this tumor was cancerous, but it only requires a glance at the history to prove the contrary. The stationary character for several years, without engaging the neighbouring organs; the state of the patient's health, free from pain, are sufficient I think to satisfy the most sceptical.

The case of an Englishman, that I spoke of in the preceding paper, present a spectacle, that is not often witnessed, nor have I read of any account of a like case, being recommended or employed in the treatment of diseases of this part, nor do I think that such proceeding would at all meet with the sanction of British authors.
V. Affectuus of the Genital Organs.

Epispiades.

Malformations of the Genital organs resulting from an "arrangement of development" are apparent at birth, and as long as the unfortunate person afflicted remains in the hands of his parents and friends, no evil or inconvenience may result; but as soon as he is thrown amongst schoolfellows, or mixed up in any way with those of his own sex, then it sooner or later becomes a matter, filled with curiosity, then as juvenile psychosexuality becomes developed, he becomes subjected to a more vigorous scrutiny ending in jokes which may lead to undue embellishing most probably by his life time. This must be admitted by all whose lot has thrown them into the battle of iniquity public schools, and should it be a duty of the physicians or surgeons, to advise the parents of such, as may be their unfortunate, the victims of a feat of nature, to have their children submitted to operations, and also that his best endeavors be tried. Here, three remarks have been suggested; which has been witnessed in public schools, and also, by the following case, in which too much praise cannot be given to Mr. Pelletier, for the ingenuity of his operation for the relief of distressing and melancholy cause of Epispadias, occurring in a boy at eleven years, the condition was as follows: in the lower part of the abdomen for about an inch and a half above the pubis, there exists a hollow case of a semicircular shape, from the lower edge of this rise up the penis, which consists of a large gland, without prejudice as it
upper surface, but below a very plentiful one. The penis is very much atrophied, destitute of a urethra, the urine will not pass from the inmost of the cavities below, rising over the perineum causing a high degree of irritation and a particular eruption, in many places leaving small ulcers. The glans is slightly filmed longitudinally. The scrotum is very undeveloped, with.scars etc., but the testes have not descended perfectly, consequently the testes is not attached voluminously, but flattened. Finally there appears to be deficiency of the pubic bones at the symphysis pubis, such a deformity account of the boy's state, he appears to quite sensible of his defects and expresses a wish that something should be done to remedy them, as he was constantly feared by his companions, as well as being subjected to much personal inconvenience from the urine distilling over. Accordingly, Mr. Helston, determined before the cone over the urethra, thus giving a direction to the stream of urine & removing one of the principal inconveniences, at the same time to give a more natural appearance to the parts, fulfilling thus a second object, equally as important as the first. The eruption having been diminished by local application of flour, etc., & drawing off the patient's urine daily per catheter, the operation was performed in this way. By 2 semi-circular incisions, one larger than the other, the small one corresponding to the lower surface of the penis, a flap was raised from the scrotum, corresponding with the shape of the cone, situated above. Another flap was dissected from the abdomen of a quadrilateral form, and then the penis
was passed from the lower one, which was then brought, with the natural surface, against the abdomen, and then fastened beneath the abdominal flap, by needles and interrupted suture. By this means, there existed a double layer of skin, adapted one another by raw surfaces. Finally, the prepuce, which, as stated before, was very voluminous on its inner surface, was dissected off for a short distance, by two longitudinal incisions, on each side of the penis, so that there were attached the edges of the abdominal flaps, by the same method, and with dressing applied over the whole, whilst a gum elastic catheter was placed in the bladder, there retained. For some days the case went on favourably, but on the 5th day suppura
tion, by which the left side in part was dissected, the prepuce becoming much distended, and a small fistula forming. Gold
& wine were the means employed in the treatment; and when cured, it did not appear to have much influenced the ultimate success of the operation. 9 Weeks after, the patient was quite well & the appeare
of the parts much improved, which Mr. Melaton hopes will further improve & ameliorate by a future operation.

The success of this operation, and other in a similar form, appear to me to warrant the opinion I have formed at the commencement of these remarks. The great object the heart is the super-
section of suture; so that union can be procured by first intention through the greater part of the wound, before it comes on, there
seems to some hope that the future success of the operation will not be marred provided suitable means are adopted early.
for combating the disease.

The various indications for the operation were all fulfilled, by the
intervening employed; thus, by the cervical flap, the case was filled
up, and this still further, by the abdominal one, in this way
removing the deformity, and giving direction to the stream of
water, thus fulfilling another object. The parts at present resemble
an amputated penis, or an unusually small one, instead of, as
before giving grounds to the ignorant, for doubting these, and
their giving rise to reports of hermaphroditism, as unfounded, as
they are cruel.

Hydrocele.

The only two methods have been employed in the hospitals
of Paris, for the treatment of this disease, are injections of
Iodine and incisions, the latter in a case that occurred under
M. Larrey at the Val de Grace, where there existed an enormous
tumor, and which resisted the treatment by injections of Iodine.
In this case, he felt justified in laying open the sac and thus
producing a permanent cure, which took place without any
bad symptoms resulting. Almost all French surgeons now
appear to agree, in the propriety of tapping the sac, and with
some fluid, injecting in lieu of strong tincture of Iodine, remem-
bering, according to the taste of the operator, the only difference
between what I have seen put in force in England and in Paris,
consists in the quantity injected, which appears the several times
greater in the last-mentioned city —
Hydatid Testicle.

Pierre Grenier, 40, a baker, admitted under Dr. Melanowick, who consulted with a tumor of the testicle. The patient, who is stout and well-built, gives the following account of its appearance. About 8 months ago, he experienced a degree of pain in his right testicle, which by its persistence attracted his attention, and he then discovered it was larger than the fellow. It has been on the increase ever since, notwithstanding that about 6 months after he applied to a surgeon, who punctured, where a small quantity of fluid, about a wine-glassful and a half was withdrawn. This was transparent and of straw color and quite limpid. This procedure neither relieved the pain, nor diminished the size of the tumor, consequently a second was undertaken, and on this occasion, the fluid was considerably tinged with blood. Subsequently on other occasions fluid was withdrawn, on the last he says it resembled pure blood. The pain he describes as being confined to one spot, somewhat in the region of the great toe. He has always been in good health, and served in the army in Algeria. Can account in no way for its occurrence, never having been exposed to receive a blow there.

The tumor at present is about the size of a coconut-nut, of an ovate form, having its base towards the inferior region, and a point at the apex. At the apex, there are 2 or 3 small protrusions which roll freely beneath the skin, are soft and fluctuant.

2. At the base, there is another protrusion, which resembles at first light a hemi-node, which is perfectly distinct from the
tumor which occupies the center. 3dly, the tumor itself which is
oral, its surface perfectly smooth, hard and of considerable density,
yields no sensation of fluctuation, but as the examination is
extended towards the apex, the density diminishes till at the
lower third an indistinct sense of compressibility can be detected.
It is perfectly destitute of transparency to transmitted light, and
also of sensibility of any kind or degree. The integument of the
skin over the tumor is thin and discolored. The glands in the groin
are intact and the left testicle perfectly sound and healthy.
The pustulations at the apex are less dense, being soft and
semi-fluctuant and semi-transparent, that at the base evidently
contains fluid. The examination of the cord could not be made
until a puncture should evacuate the fluid, when known to
was done by tove and a quantity of clear colorless fluid withdrawn.
The cord and its constituents are determined to be perfectly normal.
The case was hence diagnosed to be Encephaloid Cancer of the
Testis, and as such brought to the operating table, and the operation
of catheterism performed in the usual way. The tumor was directed
out, the cord being left untouched till perfectly completed, when
its constituent were isolated and wound separately by ligatures and
then en masse. During the operation the small bodies at the apex
were punctured and a clear sanguineous fluid flowed away.
A few points of interrupted sutures were placed at the upper part
and the testis placed with charity.

Much to the patient surprise, no making a section of the
tumor, he discovered it to be a case of Hyperphallic Sect, as described by Sir A. Cooper. The tumor weighed 1168 grammes, and disfigured 450 grammes of water and a certain quantity of small bodies, containing in their interior a glutinous substance, semi-fluid in consistence, clear and yellowish in appearance, containing and within this a number of small opaque solid bodies resembling semi-transparent particles of rice, thus tending to a yellowish hue and in some few nearly looking bodies.

The patient made a rapid recovery, the portion of the wound treated by nature healed by forming union, the remainder of course by granulation.

This case is instructive for these reasons. 1. The rarity of the disease. 2. The error in diagnosis. 3. Illustrates the effects of certain points of practice. I have searched in all the French authors of medicine for their opinion of this disease, and failed, neither in the Transactions of the Anatomical Society, the Surgical Society, nor in the Memoirs of the Academy of Medicine (there are any accounts of the case only in the works of Pathology by Cruveilhier, consequently its rarity is undoubted and French literature can throw no light into the obscurity of its nature or origin.

2. I am inclined to think that however difficult diagnosis may be in many cases, in the present most difficult existed at least to those acquainted with the literature of English authors in the subject. The disease with which it is liable to be confounded, according to Sir A. Cooper, are Euphthalmic Cancer & Hydropsy.
The present case was perfectly distinguishable from hydrocele by the entire absence of fluctuation or transparency, and shape differing from that usually observed in cases of hydrocele; but it is a matter of more difficulty to establish reasons why the present diagnosis should not have been given, but still I think it to be able to satisfy fairly, even when as soon after the case was exhibited, certain muscular points, I believe, and others argued not too well or unfairly that it was a case of cancer.

The only rarity of cancer, with which it was liable to be confounded was scrofula, and I, as regards their growth, hope only state on which I believe they could be mistaken, for having attained 2 years growth, a case in the present instance, cancer could hardly be so indistinct as to present some decided symptoms leading to its recognition. 2. The progress of the disease, would appear to present a similarity curious; one to the other, that is, the older they become the more unlike in symptoms. Cancer is rapid in its progress in general, and pain one of its characteristic symptoms increasing with its growth. The glands in the groin also speedily become affected, as well as the skin, the while running on to suppuration and ulceration under which the patient sinks. Hydrocele disease commences progressively, accompanied occasionally by trifling pain, which as soon as the sub stance of the gland is detached ceases, and there is no continuance of the glands after rupture, as thickening of the skin, or ulceration, but in the contrary for 2 years inconvenience only from its bulk and pressure only from the weight dragging on the loins. In the present case
altho subjected to considerable pressure, the patient has exhibited no
menace of a resumption of the disease, nor does he appear to be suffering
from an insignificant degree of pressure, which he has described as not resembling
fluctuation, but a yielding of the spot which is compressed only
and not rising at a distance. Now upon the absence of this sign in cancer
Professor Syme refers his diagnosis, in a great measure, for, in the
last edition of one of his Principles of Surgery, he says, "the
"globose shape, thickening of tuberous projections of the surface,
"pain & equality of consistence at all parts of the tumor, observed
"where it is solid" and generally renders the discrimination precise.
In addition, if this was a case of cancer, according to the symptoms
present, it should have been one of foliated, but then in the respect
it would not answer the description, as here could not be a case
of supposed cancer of one kind, with the most prominent symptom
of another kind present. Besides the patient's general appearance,
health, a robust, strong, stout man, with a face indicative
of a most excellent health & constitution, taken in conjunction
with the other symptoms were grounds upon which I closed
the discussion that the symptoms presented did not justify the
conclusion of the case being one of malignant disease.
3. To any one who watched this case, it must be perfectly astounding
how the Parisian surgeons of the present day cling to that phalanx
of their youth, uniformly to intention, knew the whole of the parts
retained in opposition united in 48 hours most perfectly, whilst the remainder took many days to heal. What proof could be more convincing? and how do they delude themselves with the pretentions of
if union being impossible in the climate & such like causes? cases will fall here and there, but certainly they should give the patient a fair chance of recovery, instead of retarding union for weeks by stuffing it with eternal charpies.

**Restriction of the Urinary.**

Examples of this disease are not common in those hospitals which I visited, the reason I presume to be, that such cases are in general extirpated before intercourse and consequently were never exhibited. However recent discoveries have been brought across the channel; as twice or thrice the operation of "Urinary" as properly Mr. Syme for the cure of certain cases, has been successfully performed, and the operator taken credit to themselves for so doing, but I regret to say the modern operator has never yet been fulfilled, for this simple reason, that one of its chief parts, or in fact a sine qua non in its performance, viz. the introduction of the groove director into the stricture, has been with them the very cause for performing the operation at all. Mr. M'Kendie at the Royal Deri, had a case in which he performed a suitable "Perineal Section" and Mr. Thomson, Professor at the Government School at Camarz, was kind enough to perform a case of his own private. This gentleman meeting with a case of intractable stricture, which resisted the ordinary method of dilatation and where the smallest change
could hardly pass, operated by passing a ground director down to the stricture, then placing his knife in the groove he divided the stricture before the bougie, thus making use of the knife to guide the bougie, instead of the bougie acting as a guide for the knife. In Mr. Smith's case, one was much complicated by fistula in perineo and the patient much unduly constipated in relation, here he introduced a ground staff down to the stricture, then he made an incision nearly 3 fingers long in the perineum, including several of the fistula having directed down to the rectum, he divided the structure by cutting on the staff, having spread it passed a catheter into the bladder. Mr. T. case was one of 30 years standing, in an old man, who attributed the disease entirely to frequent gonorrhoeal complaints. Here the canal was reduced so much in calibre that Mr. Doblet was unable to pass a catheter into the structure, he therefore determined to open it from the perineum. Accurately having placed his patient in the proper position the director being passed down to the stricture Mr. Doblet attempted to open the canal, but I believe (for I was not near enough to see) was unable to hit it off, but opening the canal behind the structure he passed a catheter into the bladder from thence

Thus it will be seen that the operation of Mr. Syme, of open the stricture by passing a ground director through the canal into bladder, then dividing the stricture, making use of the groove by the knife into the stricture, has not yet been performed now does there seem much likelihood of its being done according
to his original proposal, since each time when I have mentioned the particular, I invariably receive the same answer "Mon Dieu, c'est tout a fait le meme chose." Th. Pinela still continues to make me of the cannulated catheter with considerable freedom but as the practice is not one I have any faith in, I shall pass on now.

VI. Diseases of the Extremities.

Peculiar Affection of the Feet.

This affection I do not remember to have read any account of in any of the systematic works on surgery, and it is difficult then under what head exactly to classify it, whether as a disease of the bones or soft tissues? I saw an example in the hospital here. Its principle peculiarity is its intractable nature, resisting every treatment, at length rendering amputation necessary. It also appears to be hereditary in some degree. The disease has distinctly been observed chiefly on the feet of such persons as are accustomed to work for lengthy periods standing, and in such cases on three parts of the feet, which act as points d'appui, such as the head of the metatarsal bone of the great toe, the cuboid epicondyle of the inner knee, having occurred occasionally on the hands, but much less frequently. The commencement of the disease is a small erosionation of the cuticle, not unlike a wart or corn, which slowly increases, then becomes slightly inflamed, till, after a time, this corn comes away & leaves an ulcer whose surface is escarated.
Case I.

Louis Beaumont, a coachman at 80, dates the commencement of his disease 20 years back, but of this there is considerable doubt. At that time he was thrown from his horse, and sustained a severe contusion of the foot. Some time after he saw a nail enter the heel, which produced a very ugly sore, and he was a considerable time before he recovered. For some years he continued to remain free from all symptoms of disease, but some contracted syphilis. About 5 years ago he noticed a hard, redish pimple appear on the heel of the same foot, situated in the same place. The nail came in, this was unattended with pain, it gradually inflamed, suppuration came on, at last elevation took place, this ulcer has continued ever since, gradually eating its way down to the bone. So little pain or inconvenience did it cause him that until about 4 weeks ago, he continued at his usual work, walking with ease, at this time however, violent deep seated pain came on, depriving him of rest & enabling him unable to walk. On examining the heel there is little or no tumefaction or oedema of the parts, but a long irregular fissure occupying nearly the entire length of the calcaneum, and about half an inch wide, the edges are thick balsam callous, of a yellowish color. This
friction extends down to the bone, which can be felt here, but with
screening alteration of structure. Not much discharge, in fact
the white appearance of the ulcer has a peculiar dry look.
The treatment pursued in this case consisted in the application
of the actual cautery to the bone, having first finely excised the
edges & left the sound flesh on each side. The subsequent
history of the case presents no feature of interest. A month
after the parts were in a similar state as when first seen, the
progress of disorganization still continuing, a sinus having
formed on the posterior aspect of the heel & deep seated pain
harassing the patient he consented to the foot being removed
which was accordingly done, by amputation in the 3rd of the
leg.

Case II.

This subject of this case, was a labourer, about 45 years of age,
accustomed to have his feet in the water almost constantly,
and seeing great expertness. About 18 months ago his attention \( \rightarrow \)
became directed to a knot of thickened hard cuticle on the
metatarsal bone of the great toe of left foot, which when it
came away left an excavated sore, with the features above
described. It was followed by others on the different metatarsal
bones, and a few on the right foot. The largest has now attained
the size of a 5/8 inch piece. In this case partial excitation
was pursued by means of continued use of blue oil, but
after being seen in hospital for some weeks he was discharged
before the treatment could be finished satisfactorily.
The phenomena presented by these cases being essentially new, I feel a little how to account for them. I should think, doubtless some peculiarity of constitution predisposed these poor, sick, and sickly among the number of poor in large towns, whose laborious occupations are so frequent; cases would occur more frequently than they appear to do. The latter case appears to be an example of the case in the earlier stages, and the other, the extent to which such cases will run. Evidently the"case in which had amputation should remain. But was a difficult question arises: what operation to perform? Those proceedings are open to the surgeon. A partial amputation of the foot, leaving the astragalus. "Sungei ankle joint." Amputation in the lower third of the leg. Without entering into the merits of these several operations, my remarks will be confined to the applicability of each to the case under consideration. The amputation below the astragalus, is, I believe, but little known except on the continent. I have seen one or two stumps here in the hospitals, which I think may make it useful occasionally, when the presence of a stump is wanted. This operation is generally impossible. Were amenable to the inability to bring a flap from the heel and therefore unless an operation composed of lateral flaps as proposed by Dr. Lister was, I believe, I don't think the foot could have been satisfactorily amputated at the joint. The only
resource consequently left open was to amputate the foot or lower third of the leg, and this operation, laying aside the danger of that attending it, is now reduced by the ingenuity of Dr. Charière, the great instrument-maker, to a level with other amputations higher up.

Caries of the Tarsus.

There are cogent reasons for believing, whether arising from anatomical and physiological facts or from experience, that where once Caries has taken root in the Tarsus or Cuneus, all hopes of a permanent recovery are gone, and this is I believe, no less true, whether it occurs amongst the rich or in the destitute classes.

After 4 years spent in attendance on various hospitals I cannot call to remember one single cure out of the many cases I have treated, nor judging from the writings of Berdie Ferrereau &c. I conclude that this opinion is for wrong. Many causes may be assigned for this state of things, such as the natural character of the bone, being soft & strong, the presence of numerous articulations, connective with another by communicating sigmoid cavities, the constant motion to which these joints are subjected, even in the slightest efforts; their exposure to injury whether mechanical or accidental, and lastly, the probability not least, some constitutional taint, and the distance the bones are situated from the seat of circulation.

The following case illustrate the points enumerated, both as to the cause of the instability and the constitutional origin.

Case 1

Occurred with Mr. Smith at the Hotel Dieu, in a man of 35, they
healthy and robust, having no appearance of pulmonary disease. Could recover, as far as the commencement of the attack, which has now existed for two months. The characters of the fort were much swollen and adherent, numerous fistulous openings exist both in the front and sides of the fort, to introduce a probe. A decayed bone can be detected in all directions. Nothing could remain but to remove the fort. This was done by amputation in the lower third of the leg. An incision around the neck was employed to approach the edges, which, with however good intentions attempted, evidently induced an attack of erysipelas which left the patient much prostrated, and consequently required little care.

The following case occurred under Dr. Nicholæus, in a lady of 39 married, one of children, about 18 months previously the lesion of the foot, by what is called "intoxication" or turning under. Violent inflammation ensued which was combatted by leeches, for a time. After the lapse of some months, the inflammation came on, abscess formed, which were heated up, but have continued discharging electricity, never opening any piece of bone, bone away. She had bloody expectoration and phthisical cough with night sweats. At present the foot is considerably larger than before, numerous sinuses exist on each side of the division of the foot leading to cavities bone. The base of bone principally engaged are the cornifrons (achys and cuneor). The nature of the disease being explained, an amputation proposed, the patient readily consented, which Dr. Nicholæus performed. It consisted of a circular amputation, in the lower third of the leg, with this addition, that in front a
critical incision was made, extending for 3 inches up the shin, in order to allow for retracting the incision. The patient made a very tedious recovery, having been attended with erysipelas. These two cases, besides being illustrative of the general character of the disease, present us with excellent examples of the nature of the operative surgery of the Parisian school at the present day.

Whatever the reasons inducing these surgeons to operate in the lower third of the leg? yet the very reason which should have led them to operate at the ankle joint. It is argued that in this part of the body, there is less likelihood of prolonged suffering taking place, the stump forms of a foot, and there is less danger to the patient, why longer advantages could not possibly be argued in favor of the amputation at the ankle joint, and yet these reasons being assigned, do we find that they are valid? quite the contrary. It made protracted recovery attended with additional risk from erysipelas and finally the patient will have worn an artificial leg, instead of walking on his natural heel.

But it must strike any unbiased observer that something more than the operation itself, stands in the way of its performance. Whenever an opportunity occurs, the tibia astragaliamean operation is performed in Paris, and when this is impossible or unequal to the demands of the case, they skip over the next joint, whereas an operation has been proposed and performed more than 50 times successfully, to perform a very inferior
operation in every respect, hazardous to the patient, requiring artificial means hereafter to allow the patient making any use of the stump and even then considerably inconvenient. I believe that had the author of the ankle joint operation been a Frenchman, he would have had hours thrown upon him with a most liberal hand, inasmuch as the performance of the same operation throughout not only received the vote of thanks from Academy of Medicine, but the additional golden annuity of 1000 francs, as a reward for his discovery.