tiplicity of drugs in prescribing is desirable, if we are ever to attain to an accurate knowledge of their therapeutic uses. The therapeutic effects of drugs must be studied, each one solely and alone; and in this all of us can more or less assist, and so each in our little sphere help forward that which we must all have at heart—the foundation of medicine on a rational basis. I say that all of us, wherever our lot may be cast, can help this matter forward. A pencil and a scrap of paper in our pocket can note down all we want, and at our leisure we can copy down more indelibly the effects we have seen; but a fair and unbiassed analysis of results must be insured.

One other point in medical ethics I would just touch upon, feeling sure that you agree with me that it should be most vigorously discountenanced—*i.e.*, the puff (I might almost say advertisement puff) which ever and anon appears in print, and against which, I am glad to say, our JOURNAL has steadfastly set its face. I remember once a young practitioner succeeding to another's practice, being urged by some well-wisher to send round his testimonials (very good ones) to all the old patients. His predecessor, on learning his intention, cried, "Good God, do nothing of the kind; would you tout for practice like a baker?" Gentlemen, I feel assured he spoke your sentiments as well as mine.

One word with regard to that celebrated document, the "Medical Declaration respecting Alcohol". I cannot help thinking that a march was stolen on the *dii majores medici* in this matter, or they would not have countenanced this their declaration being sent in company with a Temperance League pamphlet to practitioners throughout the kingdom.

In conclusion, I think it but justice to say that the medical profession does now stand higher with the public than it has at any previous time; and it is our own fault, if, having reached so many rungs in the ladder, we do not command the topmost of all. In the foregoing remarks, I trust I have said nothing which may be considered dictatorial or harsh; nothing would be further from my intention. I have simply stated what are the sentiments which naturally occur to one thinking over such matters—matters which I believe to be of the most intrinsic value to members of our profession. For myself, I am thankful to say that my professional lot has always "fallen in fair places"; and, had I had the mind, I have never had the occasion to play the bull-dog.

Gentlemen, I thank you for the kind attention you have this day paid to my poor words.

PARTIAL AMPUTATION OF THE GLANS PENIS BY THE ACCUMULATED DETRITUS OF UNDERCLOTHING.*

By WALTER WHITEHEAD, F.R.C.S.E.,

Surgeon to St. Mary's Hospital for the Diseases of Women and Children,
Manchester, etc.

THE case is that of a boy aged 7, who was circumcised about two years ago for a troublesome congenital phimosis. He also suffers from incontinence of urine. Last May, his mother brought him to St. Mary's Hospital, with what she imagined to be a piece of string tied round the base of the glans penis. This was readily removed; and, although the boy stoutly denied having placed it there, it was generally considered to have been used by him as a means of controlling the escape of his urine. In the course of a few days, he was again presented with another piece of what appeared like string tied round his penis; but this time so tightly, that it had eaten into the tissues and opened into the urethra, permitting the constant dripping of urine through the aperture thus produced. It was observed that there was no knot on the material encircling the glans, or any other indication of being joined at any particular spot. It was cut through and removed, and afterwards, by means of a microscope, made out to consist of three colours of animal fibre—blue, brown, and yellow—the colours which were subsequently identified as those in a flannel shirt the boy was wearing at the time. On several occasions after this he was brought to the hospital with fresh, but similar, accumulations, and each time the indentations became deeper and deeper; and as he was wearing during this time alternately woollen, linen, and cotton shirts, it was possible definitely to ascertain the source of these accumulations, and that they consisted solely of the detached flocculi from these fabrics. He can now remove the material for himself, and does so each morning, so that the mischief is stayed; and it is considered possible to repair, in a measure, by a plastic operation, the injury which has already taken place. At present the gland is constricted to certainly one-half its ordinary diameter,

and there are two openings into the urethra through which the whole of the urine is passed.

It is singular how the loose fibres detached from the child's clothing should become so arranged as to attain a textile firmness of sufficient power to accomplish such destruction of tissue. Once formed, it is easy to comprehend that, by the absorption of moisture, it could swell to a sufficient extent to constrict, by slow degrees, structures of such delicate organism as those composing the glans penis.

ON A CASE OF INJURY TO THE SPINE.*

By H. GRACE, Esq., Bristol.

ALTHOUGH the following case occurred more than five years ago, I have considered it worthy of mention before this Association, not so much as exhibiting a remarkable recovery from an injury to that part of the body where a fatal result generally attends such a violent shock, as from the extraordinary phenomena presented since recovery—phenomena which I consider sufficiently interesting to be worthy of being laid before this Society.

On the 26th of October, 1866, William Spicer, aged then 22 years, met with an accident while working at the Bull Hall Pit. He was on his knees, hewing coal from the seam in which he was then at work, when, without previous warning of any kind (such as sometimes enables the miners to avoid the danger of falling masses), an ironstone from the roof, weighing between ten and twelve hundredweight, fell suddenly on his shoulders; the weight literally doubled him up, forcing his head down between his thighs, and the perineum close against the heels. It required the united efforts of three powerful colliers to lift the mass, by the aid of long iron bars, sufficiently high to allow a fourth to drag him from underneath—his own impression afterwards being that he lay there about five minutes. He was placed in this flattened condition in a cart, and carried to his home. I was hastily summoned; and, in my absence, my assistant hurried off to his residence. He found him cold, breathing in a short and hurried manner, with the pulse feeble and intermittent, and to all appearance rapidly sinking.

The first, second, third, and fourth lumbar vertebrae all appeared more or less implicated in the injury; both sensation and motion below the parts affected being utterly lost. One of the doors of the room in which the man was lying was soon taken down from its hinges, and placed under the mattress. With the aid of two men at his shoulders and two at his feet, extension was made; and the back resumed its normal position with a crack, that was heard at a considerable distance. The breathing was immediately relieved, and the pulse improved by this reduction. The time that had elapsed from the occurrence of the accident was about an hour.

The man was in a club, of which I was not the medical attendant; my assistant therefore recommended him to send for his own medical man, which he did; but, after eight or ten days, as he was not satisfied with his treatment, at his earnest request—several times repeated—I consented to undertake his case.

I found that the door above spoken of had been removed from beneath the mattress, and that, consequently, the sacking of the bed had sunk considerably in the centre; moreover, he had been raised and held in an upright position daily, for the purpose of introducing the catheter; these two causes combined had again displaced the back. I had the door immediately replaced on the bedstead, and a second time made extension, and again restored the spine to its normal position. This restoration was almost instantly followed by a slight motion in the great toe of the left foot.

I gave strict orders that he should remain still on his back, and that not even his shoulders should be raised on any pretext whatever. Sensation and motion gradually returned to the anterior portion of the left foot, leg, and thigh, and to the posterior portion, in a less degree, about half way up the thigh; and, about a month after the accident, similarly to the right leg. During the first two months, it was necessary to pass the catheter daily; after which period, the urine began to escape involuntarily, and it has continued to do so up to the present day.

Three months elapsed before he could move his legs tolerably in bed, at which period I turned him on his side, and found, on examination of the back, a small bed-sore just over the sacrum, utterly devoid of sensation, of considerable depth, the slough of which was a long time in separating.

In another month he was able to sit in a chair, and to walk across the room by the aid of the various articles of furniture. His progress towards perfect recovery of physical strength extended over a period of

* The case was shown at the annual meeting of the Lancashire and Cheshire Branch, June 29th, 1872.

* Read before the Bath and Bristol Branch.