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.,

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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.

two years and a half, when he was able to resume his work as a collier.

His present condition as regards sensation has not altered in the slightest degree since the fourth month after the accident, and is as follows. The sensibility in the soles of both feet, and in the posterior portion of both legs, is much impaired; and around the anus, perinæum, inner part of both buttocks, scrotum, and penis, it is *entirely* destroyed. Although there is a slight sensation under pressure in the testicles, so complete is the absence of sensation in the buttocks, that when, last summer, he sat down on a garden-flue, ignorant of the fact of its being heated, his trousers were burnt through, and the skin completely charred, yet he was unaware of the fact till his wife noticed it, three days afterwards, whilst he was washing. The slough was somewhat deep, and the scar is still visible.

Whilst at work in the pit, he frequently gets severe scratches and cuts on the soles of his feet, which he hardly feels. Each day, on his return from work, he regularly goes to the closet, and, by dint of powerful efforts, forces the fæces to pass when solid, for, when liquid, they are not retained. At this time, the urine runs involuntarily in a stream, though at other times it drips continuously into an India-rubber urinal which he wears permanently; but in neither case is there any feeling of the passage of fæces or urine.

At the time of the accident, he was married, and the father of one child a twelvemonth old. Six months after the accident, in spite of the utter absence of feeling in the penis, he began to resume his matrimonial duties; and two children have been born to them since the resumption of the functions of his generative organs.

The first loss of sensation and motion below the seat of injury was doubtless owing to the pressure on, or the solution of continuity in, the nerves forming the lumbar and sacral plexuses, the former of which evidently recovered its powers gradually during the first four months. The total loss of sensation can, I think, be only attributed to the breach of the pudic lesser sciatic nerve. Hence it would appear that, if the fact asserted by Günther—viz., "that the erection of the penis in the horse entirely ceases on cutting the pudic nerve"—be correct, it has no analogy in the case of man; for here we have the pudic nerve evidently destroyed (as proved by the entire absence of all sensation in the perinæum, integument of the penis, etc.), and yet the power of erection is retained to such an extent as to allow fruitful coition. I cannot, therefore, but hold the opinion that the erection of the penis is due to the operation of the sympathetic system, the functions of which, I think, still remain in considerable obscurity. I take it there is very little doubt that the nerves of the sympathetic system may be regarded as conductors of impressions; and, this being the case, what more natural than that the fact of dwelling upon the enjoyment to be derived from coition should cause a turgescence of the organ lasting sufficiently long for it to enter the vagina and there fulfil its purpose in the animal economy? Moreover, the sympathetic system seems in general to influence the processes of involuntary motion, secretion, and nutrition; and this, considering the fact of the continued secretion of the semen by the testicles, and its ejection on coition, accompanied by no diminution of the sensations usually accompanying the act, may, I think, be fairly considered an additional argument in favour of my opinion that the pudic nerve can have but very little to do with the erection of the penis; whilst the nerves of the sympathetic system, which have not suffered any material injury, are directly concerned in that erection.

MECHANICAL PRESSURE IN INERTIA OF THE UTERUS.

By A. B. STEELE, L.K.Q.C.P.,

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THE application of mechanical force to push out the fœtus instead of dragging it out, of arousing or imparting a *vis a tergo* in lieu of giving oxytocics or of resorting to the *vis a fronte*, or as an auxiliary to the latter, is an important principle in obstetrics, and one that I have for some years taught in my class-room.

It is especially noticed and recommended by Dr. Barnes in his admirable Lectures on Obstetric Operations. Dr. Barnes quotes Von Ritgen as the first to direct attention to the subject in a memoir published in 1856, and Dr. Kristeller as having carried the idea into practice. The method is thus described by Dr. Barnes. "The patient lying on her back, the operator places his hands spread on the fundus and sides of the uterus, and combining downward pressure with the palms on the fundus with lateral pressure by means of the fingers, the uterus being brought into correct relation with the pelvic axis, its contents are forced down into the cavity. The pressure is so ordered as to re-

semble the course and periodicity of the natural contractions." (*Op. cit.*, p. 5.) This appears to me a more simple and effective mode of applying pressure to the uterus than that of passing the arm round the patient's body, as described by Mr. Lawson Tait in the JOURNAL of June 22nd. This resource, as Dr. Barnes states, may in certain cases obviate the necessity of using the forceps, and may stand one in good stead when instruments are not at hand.

The principle of arousing the uterus to action by external manipulation as a substitute for the uncertain and uncontrollable action of ergot, was taught at least thirty years ago by my preceptor, Dr. Robert Lee, at St. George's Hospital. I fully endorse Mr. Tait's protest against the use of ergot by midwives; and in my own practice and in my teaching, in accordance with the views of Dr. Tyler Smith, I restrict its employment to cases of abortion, when all hope of saving the ovum is lost, or to promote uterine action after the expulsion of the fœtus—in other words, I never give it or recommend its use as an adjunct during labour, except immediately before the expulsion of the head where *post partum hæmorrhage* is anticipated.

A NEW MODE OF PERFORMING THE OPERATION OF PARACENTESIS THORACIS.

By T. J. MACLAGAN, M.D. Edin., Dundee.

THE usual mode of drawing off fluid from the pleural cavity is well expressed by the word "tapping." Until very recently, the operation was regarded as a last resort; and even now there is great difference of opinion regarding the exact time at which it should be resorted to in cases of serous effusion. The tendency of the present day, however, is to regard unnecessary delay as a greater evil than too great haste. The entrance of air during or after the operation has very generally been looked upon as a source of mischief, and many devices have been had recourse to in order to prevent this accident; the most efficacious and commonly adopted of these being Dr. Bowditch's.

From what has been written in the BRITISH MEDICAL JOURNAL during the last few months—notably from the observations of Drs. Fuller, Playfair, and Douglas Powell—it is evident that the profession is by no means at one as to the evils likely to follow the admission of air into the pleural cavity. My own belief is, that the dangers likely to result from its admission are much overrated. I would not, however, ignore or disregard the opinion of those whose experience has been different; and if there is any truth (and I believe there is not a little) in the views with which Mr. Lister's name is so intimately associated, there is at least a strong theoretical reason for excluding air if possible. I do not think, however, that we should try to exclude it at the expense of retaining any part of the fluid which ought to be got rid of. Is there any way by which both objects can be attained, by which the fluid may be effectually drawn off, and yet no air be admitted? It seems to me that there is, and that its adoption might obviate many of the objections which are advanced against a free evacuation of the fluid, and the consequent risk of the entrance of air.

Mr. Lister and those who have adopted his views and treatment have shown us how incisions may be made into joints, and how psoas and lumbar abscesses may be opened without any of those dreadful consequences which, prior to the adoption of his mode of treatment, used frequently to follow such surgical interference. Why not apply the same practice to the treatment of empyema and hydrothorax? If the entrance of air be an evil to be avoided, why not guard against it by creating an artificial atmosphere around the wound by means of a spray-producer, so that, if anything enter the pleural cavity from without it will not be air, but whatever the operator chooses to put in the spray-producer? And furthermore, if we wish to guard against such an accident during the subsequent progress of the case, why not adopt the same means which are found efficacious in lumbar and psoas abscess, and dress the wound in the same way as surgeons do an opening into such an abscess? I see no reason why we should not do all this, and no reason why we should not expect good results from its adoption. Had I the opportunity, I should certainly put this plan into practice. In performing the operation, I should discard the trocar and canula altogether, and simply make an incision with a bistoury. As one does not often have an empyema or hydrothorax to treat in private practice, I have ventured to suggest this mode of treatment to those who may have such cases to deal with.

In performing the operation, I would simply carry out Mr. Lister's instructions for opening a psoas abscess. A filtered solution of carbolic acid, of the strength of 1 in 100, should be put in the spray-producer, and the spray kept playing around the part at which the opening is to be made. The usual precaution should be taken of first inserting a