ON THE TREATMENT OF ANTE-SCROTAL URINARY FISTULÆ.

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I HAVE read with much interest, and have derived much instruction from, the excellent Address on Surgery recently delivered by Mr. Pemberton to the British Medical Association. There is one point, however, referred to by him on which I would beg permission to say a few words.

Mr. Pemberton says: "In reference to the repair of penal and scrotal fistulæ, I would remark that they can alone be treated satisfactorily by the urine being drained through the rectum or (as in a case which he mentions) through the perinæum. Even their union by first intention is a myth; but union may be obtained by keeping the granulating edges together by some artificial means, at the same time that vivacity is maintained in them by the use of the acetum lyttæ."

I entirely concur with Mr. Pemberton that such fistulæ can only be treated satisfactorily by draining away the urine temporarily through the rectum or perinæum; this is, in fact, an essential condition of success; but I must demur to his statement that union by first intention is a myth, and I think it would be a matter for regret if this expression of opinion, coming from so trustworthy an authority, should discourage surgeons from attempting plastic operations in such cases, and lead them to rely, in preference, on the uncertain and tedious action of the acetum lyttæ. I believe that union by first intention is obtainable in them, by proper management, with nearly as great certainty as in vesico-vaginal or recto-vaginal fistula.

The following case, which was under my care ten years since, will illustrate this. A boy, eight years old, was admitted into St. Mary's Hospital with a fistulous opening about a third of an inch long, in the urethra just in front of the scrotum. It was the result of an incision which had been made a year previously for the extraction of an impacted calculus. I introduced a grooved staff into the bladder, and cut down upon the urethra in the perinæum. Through the opening thus made I passed an elastic catheter, and tied it in the bladder. I then denuded the edges of the fistula freely, and inserted a sufficient number of silver wire sutures. A splint of thin sheet-lead, with holes in it for the sutures to pass through was placed over the wound, and the ends of the sutures were fastened with perforated shot outside the splint after Bozeman's method. The leaden plate and the sutures were left in position till the ninth day; on their removal, it was found that complete union by adhesion had taken place throughout. The catheter in the perinæum was therefore discontinued, and the perinæal wound healed favourably by granulation, the urine gradually resuming its passage by the natural channel.

Bozeman's leaden plate, which has been discarded by most surgeons as an unnecessary complication in operations for vesico-vaginal fistula, has a very useful application in cases of this kind—in which, indeed, I believe it to be almost essential to success. It is of service partly by affording a steady and gentle support to the parts on each side of the line of union, but more especially by keeping the wound gently and uniformly on the stretch in the longitudinal direction throughout the treatment; the main cause of failure when sutures only are used being the shortening and doubling up of the wound, which results from the penis falling down upon the scrotum, and the consequent gaping of the edges in the intervals between the sutures. A full-sized bougie should be placed in the urethra while the sutures are being inserted, to guard against the risk of causing a narrowing of the canal, but it need not, of course, be retained after the operation is completed. Two or three grains of camphor with opium should be given night and morning to prevent erections, and cold lotions should be freely applied for the same purpose. The risk of disturbance of the wound when erection takes place is greatly diminished by the use of the leaden plate.

I am not sure whether the temporary drainage of the urine through the perinæum had been adopted in the treatment of this very troublesome form of fistula, before I practised it ten years ago; but certainly it has not received the notice which I think it deserves, and I am glad to find it advocated by so experienced and practical an authority as Mr. Pemberton. I infer from his paper that he would generally prefer puncture of the bladder by the rectum for this purpose to incision of the urethra in the perinæum. This may be an open question; I think, however, I should in a future case again adopt the perinæal incision.

TWO CASES OF POISONING BY LEAVES OF THE PRIVET.*

By J. DANIEL MOORE, M.D., F.L.S., Lancaster.

THE common privet of our gardens (*Ligustrum vulgare*) has long been considered as a vegetable poison, and a few instances are upon record in which children have died from eating the berries of the plant; but the occurrence of poisoning by the leaves or young shoots of the plant has never as yet been recorded. During the last few weeks, in the month of April, two cases of this character have been under my care, of which the following are the principal symptoms.

The father of a child aged about nine years, requested me to see his little boy, whom he described as being feverish and drowsy. The child seemed to lose himself; did not answer questions put to him without much persuasion, and then evidently with great difficulty. On going to bed, the child tried to say his prayers, but after the first sentence or two, stopped short, as if he were drowsy or had forgotten them, and on being roused commenced again, but with the same result. The father then noticed some twitching of the hands and arms, and deemed it necessary to have immediate medical advice.

When I saw the patient first, he was in bed; he had been much purged, the evacuations being of a greenish colour; he was semicomatose, seemed to be quite unable to speak, and was with difficulty made to understand that he was required to put out his tongue. The temperature of the head and body was above the normal, and in a short time there was a cold perspiration. There were convulsive movements, at first noticed particularly on the right side; the hands were clenched and the feet drawn up; the pulse quick and small, and respiration somewhat hurried. There was some tenderness of the abdomen upon pressure. These symptoms increased in severity during several hours, and the purging continued, accompanied with severe vomiting; the vomited matter evidently containing small particles of green leaves, the fragments being too small to afford any idea of the plant from which they had been taken. The convulsions became more general and severe; the head was frequently thrown back during the convulsions, in a condition somewhat resembling slight opisthotonos.

A second child about six years of age was seized with purging in the course of a few hours, and presented similar symptoms in every respect. Both of them recovered slowly from the effects of the toxic agent. There was for some time much loss of power, especially of the lower extremities; one of the children, on attempting to walk, making use of the expression, "that his legs would not do as he wanted them". On their complete recovery, the elder child went with me into the garden, and pointed out the plant from which he said they had plucked and eaten the leaves and young shoots, thus clearly identifying the poison as being that of the common privet.

CLINICAL MEMORANDA.

INGROWING TOE-NAIL.

NEITHER of the cutting operations is at all necessary for the complete and rapid cure of ingrowing toe-nail. If a small, thin, flat piece of silver plate be bent at one edge into a slight deep groove, and, after the toe has been poulticed twenty-four hours, slipped beneath the edge of the nail, so as to protect the flesh from its pressure, and the rest of the thin plate bent round the side and front of the toe, being kept in position with a small portion of resin plaster passed round the toe, a speedy and almost painless cure will take place; and the patient, after the first day, has the additional advantage of being able to walk. I have followed this method in numerous cases with uniform success.

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INJURY OF BRAIN IN A CHILD FROM A FALL.

A. E. H., aged 6 months, was precipitated, whilst being carried down stairs, from the nurse's arms, and died six weeks after the accident. The *post mortem* examination was performed on March 25th, 1872, the day after death. The brain presented an anæmic appearance; there was laceration of the left anterior lobe, which extended into the lateral ventricle on that side, which was filled with serosity; and upon its posterior border was an abscess, containing about a tablespoonful of purulent matter. The right lateral ventricle also contained serous

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