CASE OF IMPERFECTLY DEVELOPED PENIS IMPROVED BY OPERATION.

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MRS. R. was confined of her first child (male) in October, 1883. Nothing unusual was observed at his birth. The medical man and friends declared the child to be a very fine baby, and nothing was thought to be amiss till he was three weeks old, when Mrs. R. took to washing him herself, when, being an intelligent and observant person, she noticed that, though his scrotum was quite normal as to development and contents, there was, as far as she could discover, no penis, and he passed his urine through a small hole in the lower portion of the abdomen, in the place where the penis ought to be. She drew her husband's attention to it; and, he concurring with her that there was something radically wrong, the advice of a neighbouring druggist was sought, who pronounced it to be a rupture, and supplied a truss, which was worn for a week or two. As this did not give satisfaction a surgeon was consulted, who appears to have removed a little skin, as was evidenced by the cicatricial tissue round the opening. The mother assured me the only effect it had was to seriously narrow the meatus, so that the child had much difficulty in passing urine.

The mother next consulted Dr. Shelley, who at once recognised the real state of affairs, suggested an operation, and kindly placed the patient under my care.

The condition was as previously mentioned, and is very well shown in Fig. 1. The pubes and the part below it was as level as a female's;

Fig. 1.

in fact, it looked as if the penis had been amputated at its very root, and a cicatrix had formed, leaving a very small aperture, through which the urine was with very great difficulty voided; but on seizing the skin on each side of this meatus, and making pressure downwards and backwards, a small swelling, apparently the glans penis covered over, could be distinguished. I therefore passed a director through the meatus, and made a small straight incision on the superior, and a similar incision on its inferior aspect, and then had the satisfaction of being able to turn out a quite normal glans, which had been bound down by skin and adhesions, but the body that followed was very small indeed. I left the organ *in situ*, and next day it and the surrounding mucous membrane were much swollen; I therefore reduced it, and saw the patient daily for a week, at each visit pressing the glans out; this position it generally retained for a couple of hours, and then slipped back again. At the end of a week, the mother was able to manipulate

it herself, and she pressed it out daily for a few weeks to prevent contraction of the orifice. It has now been quite healed for several months, and protrudes and recedes of its own accord. Its appearance in the former condition is well represented in Fig. 2, which is drawn from a cast, for which I am indebted to the kindness and dexterity of my colleague, Mr. Morgan.

Fig. 2.

In conclusion, I may state that, though the organ is not quite such as other children possess, the operation has given every satisfaction to the child's parents and to myself, as I really had very scanty material to work upon. At this early age the only use of a penis is as an aqueduct, a function it now amply fulfils, as I have had demonstrated on my coat-sleeves several times; and if hereafter it comes to be used for another purpose, I have but little doubt that it will be equal to its requirements, as it is considerably longer than shown in the cast, for so mercurial an organ is not seen to its full advantage under chloroform, which had to be administered before the cast could be taken.

OPHTHALMOLOGICAL MEMORANDA.

CHANCRE OF THE EYELID IN INFANTS.

In the JOURNAL for June 20th, p. 1257, attention is drawn to the investigations by M. Baudry of Lille, of the origin of chancre of the eyelid occurring in children, as recorded in the *Mémoires de la Société Française d'Ophthalmologie*. M. Baudry states that the method of infection remained very obscure until he traced it to the practice among French women of using their saliva to moisten the eyelids of nurslings, when agglutinated by conjunctivitis. So far back as 1863 (BRITISH MEDICAL JOURNAL, vol. i, p. 236; also Braithwaite's *Retrospect*, 1864, p. 290) I recorded the case of an infant, 8 months old, affected with a chancre of the eyelid having a hard base. The parents proved to be quite healthy, but the child had been nursed and fondled by its aunt, who, on examination by me, was found to be suffering from fissured tonsillar ulcers, which afforded a discharge, and her skin also was covered with a copper-coloured eruption.

The child, in this case, got blotches on the buttocks after the primary sore had cicatrised under mercury. The commissure of the mouth became fissured, a chancre appeared on the mother's breast from suckling her infant, and she also had secondary symptoms.

In the first instance, then, the infant contracts a primary sore of the eyelid from the secondary ulceration of its aunt's mouth, and the mother of the child is primarily infected by the secondary disease presented by her offspring's mouth. The case refuted the observation of M. Diday, who denied that inoculation could take place from the secretion of a secondary sore.

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