stormy. I shall not attempt any description of the wonderful natural beauties, nor of the most interesting cities, seen during this holiday. Any such description would be out of place here. I will only add, that we travelled everywhere, by sea, river, or on land, with great comfort, with very little fatigue, and not at very much more expense than in European holiday-making. As some may be decided in wavering intention by the money question, I may say that my daughter, being under twelve years of age, travelled at half-price, and that the total expenditure for the party, from leaving London till our return home, amounting to £259.

As we travelled principally to see places and people, many objects of purely professional interest—especially in Canada—were passed over. But, thanks to the unbounded kindness of medical friends wherever we were able to stop, I did see a great deal which, if I could properly describe, would be of great interest here. And, though fully conscious of my inability to convey to others any such impression as was made upon me, I have here written out a few notes which may be of some professional interest, commencing with what I saw in

PHILADELPHIA,

where I arrived on September 13th, as previously arranged with Dr. Atlee and Professor Gross. Dr. Atlee had kindly arranged that I should accompany him on Saturday the 14th to see him perform ovariectomy, and on Monday the 16th to assist his brother, Dr. Atlee of Lancaster, in a similar case; returning to New York to be present on the 18th at a third case by Dr. Atlee himself. I should premise that Dr. Washington Atlee of Philadelphia is the gentleman so well known by repute in this country as one of the earliest and most experienced of American ovariectomists, and for his bold treatment of fibroid tumours of the uterus. His elder brother, Dr. John Atlee of Lancaster, a large town about eighty miles from Philadelphia, though less known here and sometimes mistaken for his brother, is also well known in America as an experienced and very successful ovariectomist. Dr. Washington Atlee told me that his ovariectomy cases amounted to 163. This number included incomplete and exploratory operations. The exact number of these he was not able to tell me without referring to note-books; but he thought about twenty. The general mortality was about thirty-five per cent.; but here, again, the precise figures will only be attainable when Dr. Atlee publishes a work on which he has long been engaged, and which he hopes to complete this year, in which he will collect together records of all his cases. Any one who has gone through such labour, will join with me in wishing the worthy Doctor a happy deliverance. His cases of fibroid tumour of the uterus will not be less interesting than his cases of ovariectomy. In his early practice, he had, in common with myself and others, excised large fibroid tumours, believing them to be ovarian; but had, after more extensive experience, become convinced that they were uterine. The results, however, had not encouraged him to repeat such operations, unless the patient was in imminent danger and not to be saved otherwise. He has also become much less willing than formerly to incise these tumours by the vagina. He has had some cases in which the combined use of ergot and incision has been followed by the death and expulsion of large tumours or of their disintegrated remnants, and by the complete recovery of the patient; but the risk of uterine phlebitis and pyæmic fever has proved to be so great, that he has become gradually less willing to interfere unless driven to do so by hæmorrhage or some other condition endangering life. And he has become more hopeful of these tumours becoming indolent as age advances, and at length undergoing a process of atrophy or spontaneous cure. As I had been led to entertain similar opinions after a much smaller experience than that of Dr. Atlee, I heard this with no common interest. As an internal remedy, he gives muriate of ammonia in ten-grain doses two or three times a day, for many weeks or months consecutively; and thinks he has seen more benefit follow its use, than after iodine, bromine, mercury, or any other medicine which he had tried. He promised to try the chloride of calcium, in the doses which have appeared to me to be so useful, by leading to atheroma or calcification of the nutrient vessels of these growths.

In the treatment of cancer of the uterus, both cancrioid and carcinoma, Dr. Atlee has great faith in the long continued use of arsenic internally, in small doses long continued, combined with the local use of a very strong solution of iodine in glycerine. A drachm of iodine and a drachm of iodide of potassium are dissolved in two drachms of glycerine, and this is applied by a brush or cotton two or three times a week all over the cervix uteri and to any part of the growth which can be seen. I saw one case of undoubted carcinoma where the patient and her husband (a medical man) fully confirmed all that Dr. Atlee said of the remarkable improvement which had followed this treatment in her case.

FIBRO-PLASTIC TUMOUR OF THE RECTUS OCULI IN A CHILD.

By J. VOSE SOLOMON, F.R.C.S.,

Surgeon to the Birmingham and Midland Eye Hospital, etc.

A LITTLE boy, aged 4, was sent to me in May 1867 by Dr. Malins of Cradley. I found a tumour of the size of a small hazel-nut, occupying the site of the external rectus muscle of the left eye, and extending under the outer wall of the orbit. It was hard, painless, smooth, and apparently adherent to the sclera. The mother's attention was first attracted to the eye some two or three months previously to her attendance at the hospital. The child's health was and had been good. Of local injury, there was no history.

On June 3rd, I proceeded to the removal of the growth, chloroform anæsthesia having been efficiently induced by Mr. Henry Denne, our house-surgeon. The tumour now proved to be free from conjunctival and scleral adhesions, yet was only slightly moveable, so tightly was it bound to the globe. It was of greater width than the rectus muscle.

Operation.—An incision was made over the centre and in the direction of the fibres of the abductor down to the surface of the swelling. Failing to discover any muscular fibres, which, had they been present, would have been carefully preserved, I at once detached the anterior insertion of the muscle, and reflected back the tumour which was contained in the sheath of the former. Rather forcible traction and curved scissors were needed to remove the end which lay under the osseous orbit. More than one-third of the rectus was involved in the mischief.

The wound in the conjunctiva having been sutured, the globe was fixed by the same agency to the outer canthus. A portion of the inner rectus was afterwards excised, with a view to balance, if possible, the shortened and enfeebled abductor.

The child returned home in nine days cured; a moderate amount of convergence, and a slight enlargement of the pupil, being the only unfavourable results of treatment. The globe could be brought to the centre, but no farther.

On section, the tumour was found to be of very firm consistence, white, and uniform in structure; near to its centre and ocular side were two cells or cysts, which contained yellow pus.

In six months after the treatment, the appearance of the eye was the same in all respects as on discharge; and the case and specimen were presented for examination to the Birmingham and Midland Counties Branch.

Fibro-plastic tumours occur at all ages, but more frequently between the twentieth and thirtieth years. The features of interest in the present example are the tender age of the subject, the particular muscle selected for the diseased manifestation, and the early period at which a disintegrating process had commenced.

Had the parents of the little patient refused from any cause surgical interference, the probability is great that the pus would have made its way to the surface and have been discharged, a fungus would have protruded, the tissues of the eye in contact with it would have inflamed, and the appearance of the growth have become so much altered as to render its real nature difficult of diagnosis, and the necessity of excision of the globe imminent.

DESTRUCTION OF THE URETHRA IN A WOMAN IN CONSEQUENCE OF A BLOW ON THE PERINEUM.

INCONTINENCE OF URINE: OPERATION THREE YEARS AFTER THE INJURY: SUCCESSFUL RESULT.

By E. L. HUSSEY,

Senior Surgeon to the Radcliffe Infirmary, Oxford.

A MARRIED woman, 33 years of age, a prisoner in one of the large establishments for convicts in London, under sentence of transportation, in good health and of well-proportioned frame, gave the following account of her malady. About three years ago, in returning from a fair, half-drunk, her husband suddenly ran behind her, and kicked her violently in the region of the perineum. The blow was sudden and severe, and she sank to the ground in a fainting fit. She subsequently walked home, a distance of some miles, but with great pain and difficulty. By the time she reached her house, the injured parts were painful and greatly swollen. She went to one of the large hospitals, but came out the next morning, against the remonstrance of the nurse, before the visit of any of the medical officers, being fearful that her husband would get into trouble upon her account. On returning home she went to bed, and

lay there for a month, without having recourse to medical aid, although during the greater part of the time she suffered severely. Within a day or two after leaving her bed, at the moment of rising from a chair, she felt a sensation of something having suddenly given way; and she found that her clothes, and the floor beneath, were deluged with a fluid of watery appearance. From that time she lost all power of retaining her urine.

Mr. Crookes saw her on July 12th, 1844. The vagina, as she lay in bed, was found to be full of urine; the mucous membrane was superficially ulcerated in irregular patches, and encrusted generally with the salts of the urine. An inch, or rather more, from the ostium vaginae, and on the upper surface, there was an opening through which the urine could be seen trickling, and escaping in little gushes whenever the abdominal muscles were suddenly called into action. A full-sized male catheter passed through this opening, with perfect ease. The margins of the opening were irregular and thickened; the lower or posterior border was especially thick and fleshy, and presented on its under surface three irregularly triangular mamillary projections, which were excoriated and acutely sensitive. With a view of tracing the relation of this opening with the internal orifice of the urethra, Mr. Crookes proceeded to pass a catheter by the urethra into the bladder. The meatus urinarius, however, could not be found; and, on closer inspection, it was evident that the whole tract of the urethra had disappeared—its ordinary course presenting nothing but a smooth uniform mucous surface. The opening in the vagina was, in fact, the natural opening into the bladder at its point of junction with the urethra; and the irregular and fleshy margin was composed of the thickened fragments of that canal, or the neck of the bladder.

July 16. Under the sanction of Mr. Perry, Inspector of Prisons, and in the presence of the late Dr. Baly, Mr. W. A. Sumner, and myself, Mr. Crookes performed the following operation. The patient was placed upon a table, and tied in the ordinary position for lithotomy; and Beaumont's speculum was introduced into the vagina. By this instrument a good view of the parts was obtained, and space procured for the necessary manipulation. The state of the vagina was found to be much improved since the former examination, the calcareous matter having been almost wholly removed by the assiduous attention of a good nurse. When the blades of the speculum were fully expanded, and the opening into the bladder fully exposed, it was seen to be transverse in direction, somewhat of a half-moon in shape, less defined in its lower or posterior border than in the anterior or upper, and rather more than an inch in transverse measurement. Through this opening, when fully distended by the speculum, the inner surface of the bladder was visible, and the orifices of both ureters could be clearly seen distilling the urine.

By slow and cautious steps, the edges of the opening were pared away completely, and a thorough abrasion of the surface effected. This part of the proceeding proved to be extremely tedious and wearisome. More blood was lost than was anticipated; and the necessity for constantly clearing the vagina from the accumulated clots and urine added much to the length of the operation. The edges being sufficiently pared, two double sutures, introduced without much difficulty by means of Beaumont's needle, enabled Mr. Crookes to bring the parts together, and they adapted themselves in the way desired most completely. A small-sized gum elastic catheter was then passed into the bladder, and the patient laid upon her back in bed. The instrument was secured in its position by tapes; and, a folded draw-sheet having been placed beneath the buttocks, the urine was allowed to dribble away as soon as it entered the bladder. The operation lasted altogether for about two hours; and, although tedious, the patient did not appear to suffer pain. The bowels were subsequently kept in a free state by the use of castor-oil, and no unfavourable symptoms occurred. On the third day the sutures were removed. The catheter was kept in the bladder till the tenth day. The vagina was cautiously syringed out with warm water several times daily; and every attention was paid to keep the parts in a quiet and cleanly condition.

Three weeks after the operation the surfaces were found to have united perfectly, and a thick and short portion of urethral canal was thus formed. The incontinence of urine, however, still continued. The use of a sponge pessary was now tried, in the hope that, by pressure on the newly formed portion of the urethra, the flow of urine might be in some measure controlled. The pressure of the pessary was completely efficacious. The bladder became capable of retaining urine until the patient felt a desire to pass it; and a slight change in the position of the pessary enabled her to relieve the bladder of its contents at will. Her clothes, and the cell in which she was confined, lost their former urinous odour; and she was enabled to mix among the other prisoners, and take the usual exercise with comfort. After wearing the pessary for several weeks, she began to find that she could retain a portion of her urine without its use; and in a short time afterwards that she could

dispense with it altogether. In accordance with the terms of her sentence, she was afterwards removed to one of the penal colonies; and at the time of her removal she was wholly free from any trace of her former loathsome affliction.

REMARKS. The notes of this case were taken at the time of the operation, and while the patient was under treatment—now twenty-three years ago. Mr. Crookes, having changed his residence, and moved his books and papers more than once since he retired from the practice of the profession, had lost sight of them until lately. With his concurrence I now send them for publication.

Sudden local violence of an unusual character—a single blow, as in this case—though one of the possible causes of a fistulous communication between the bladder and vagina, has been less frequently so, than the pressure caused by delay of the child's head—perhaps of unusual size—in lingering labour. In this case the whole of the urethra had perished by sloughing as a consequence of the injury.

The instruments used in the operation were obtained from Messrs. Ferguson, of Giltspur Street. The speculum vaginae, as well as the needle, had been made under the direction of Mr. Beaumont of Toronto, when residing in London. The speculum consists of several small blades, which can be fixed separately by screws at the distance required. One great advantage of the instrument is, that it can be kept in place without the help of an assistant. A common scalpel and dissecting forceps were used for paring the edges of the wound; and the silk thread in general use for ligatures was taken for sutures. A large brass syringe was found the most convenient instrument for keeping the vagina clear during the operation. The patient was not a very tractable subject; and she complained more than once of the length of time she was kept in a constrained position; but she did not complain of the pain caused by any of the steps of the operation.

CASE OF DOUBLE OVARIOTOMY.

By JOHN WALTERS, M.B., Reigate.

H. S., aged 40, a pale thin woman, was admitted into the Reigate Cottage Hospital on September 3rd, 1867, suffering from ovarian disease. She had always had good health, though her family are phthisical. She had been married four years, and had one child three years old. Her abdomen began to enlarge after her confinement, and had continued to do so ever since. The catamenia were regular up till February last, when she had had only a slight show. In July last, she was tapped by Dr. Braxton Hicks, in Guy's Hospital, and eighteen pints of clear fluid were removed, disclosing, as Dr. Hicks kindly informed me, a large mass of secondary growths, with, probably, adhesions on the left side, near the position of the spleen.

On admission, the abdomen was greatly distended, measuring forty-one inches at the umbilicus. There was evidently a large cyst in front, and a mass of more solid material behind. In the region of the uterus was a large solid mass, moving with that organ, and giving the impression of a fibroid uterine tumour. The whole tumour seemed to move pretty easily. She suffered much from the weight and size of the tumour, and was very anxious to have it removed. The urine was natural, and there was no evidence of disease in the chest.

On September 5th, having obtained the kind assistance of Mr. Christopher Heath, Mr. Kelsey, of Redhill, and my partners, Dr. Holman and Mr. Hallows, and chloroform having been administered by Mr. Kelsey, I made an incision below the umbilicus, of four inches in extent. On opening the peritoneum, a large quantity of ascitic fluid escaped. A large cyst was then tapped; and the cyst-wall was seized with forceps and drawn forwards. The tapping of two other cysts followed; but this did not diminish the tumour sufficiently to allow of its extraction without enlarging the wound. This was accordingly done, and the mass gradually withdrawn; slight adhesions were torn through on the right side, and on the left a strong band required division with the clamp cautery. The pedicle, which was long and thin and was attached to the left side of the uterus, was then secured with a clamp and divided. On examining the right ovary, it was found to be distended into a single cyst of the size of a bladder. This was readily withdrawn; and the pedicle, of moderate length, secured with a second clamp above the other. The uterus was healthy. The peritoneum was thickened and velvety. The wound was closed with silver sutures, including the peritoneum, and an opium suppository introduced. She recovered well from the shock of the operation and the chloroform, and passed a pretty comfortable night, having very little sickness, and took a fair amount of nourishment—beef-tea and milk, etc., with brandy. The catheter was passed every six hours.