operation. The patient's appearance was greatly improved, but the lower lip was very unsightly and drooped more than ever and he could not close his lips together. I therefore removed a V-shaped portion from the middle of the lower lip, taking care to remove more mucous membrane than skin. The result of this was very satisfactory, the scar being almost invisible, the lips coming well together, and articulation being quite intelligible. I would here mention that this method of shortening the pouting lower lip was first suggested fifteen years ago by Mr. Oakley Coles, in his *Deformities of the Mouth*, but I am not aware of any published case where it has been carried out. The patient left the hospital shortly after the second photograph was taken, of which wood-cut B is a copy, and has not up to the present time fulfilled his promise of returning to have his palate operated on. I have ventured to record the case, as one of such severe character is seldom met with at the age of 32 in these advanced days of surgical science and civilization. Doubtless, it would have been better and easier to have closed the palate-cleft before operating on the lip, but the patient came up with the specific object of having his appearance improved, and I feared that if I operated first upon his palate and even completely succeeded, he would not have been sufficiently convinced of the benefits derived, to be induced to return for a subsequent operation on the lip; and lastly, I do not consider that, at his age, the closure of the palate was of such importance as the removal of such an unfortunate deformity.

REPORT OF THE MILITARY LYING-IN HOSPITAL OF COLCHESTER FOR 1881 AND 1882.

By FORBES DICK, M.D., L.R.C.P.E., L.R.C.S.E.,
Surgeon-Major, A.M.D., in Medical Charge.

THIS hospital is simply a double wooden hut, joined at an angle, and is situated in the camp, which is surrounded by a high wall. It is divided into a confinement room of 1,886 cubic feet, and a lying-in ward of 2,520 cubic feet, and four small rooms which act as kitchen, office, storeroom, and matron's room. The lying-in ward has four opposite windows, and is warmed by a central stove; the confinement room has a fireplace. These rooms communicate by opposite doors, which admit of the easy passage of a wheeled *lit de misère*. Other cases of illness are also occasionally admitted for treatment.

In 1881 there were 55 deliveries. Of the mothers, 21 were primiparæ, and 34 multiparæ; of the children, 32 were males, and 23 females. One female child was stillborn, and one male child died of defective development from prematurity in four hours, and another from cyanosis in twenty-four hours. All were head presentations, and the forceps were twice employed in primiparæ. There was no death of a mother.

In 1882 there were 51 deliveries. Of the mothers, 21 were primiparæ, and 30 multiparæ; of the children, 34 were males, and 18 females. A very large male child of a primipara was stillborn; and also a female twin. A breech-born female child of a primipara was recovered. There was one twin case, one breech case, one forceps case, one case of puerperal fever, and one of puerperal mania. There was no death of a mother nor of a live-born child.

The percentages, for the two years, of primiparæ was 39.38, and of multiparæ 60.46; of male children, 62.12; and of female, 37.88; of still-births, 1.89; and of deaths of children from defective development, 1.89; of mothers, none; 106 mothers received 1,386 diets in hospital, or remained in it on an average 13.07 days, and went home with 102 children.

The temperature of the last hundred of these cases has been recorded. The charts show that in 37 a temperature of 100° was exceeded; that 15 excesses of temperature occurred during the first twenty-four hours, 12 of these being in primiparæ; 9 during the second, third, and fourth twenty-four hours, 7 being primiparæ; and 20 during the fourth, fifth, sixth, and seventh twenty-four hours, 11 being primiparæ. Supranormal temperatures during these periods being considered to approximately represent the respective traumatic, milk and constitutional or septic morbidities, it would appear that the tendency to febrile disturbance during the traumatic and milk-forming periods is five times greater in primiparæ than multiparæ; that, when both septic and constitutional (or blood deterioration by pregnancy) causes are included, there would appear to be an almost similar morbidity; but, in consideration of the fact that in these 11 primiparæ, five had perineal laceration, and that it would be reasonable to suppose that the secondary fever in these cases was a septic one, it would appear that the tendency to constitutional fever in the

primiparæ is considerably less than in the multiparæ. The majority of those who suffered from high secondary fever were soldiers' wives off the strength. This appears at first sight strange, but is accounted for by their greater poverty and consequent insufficient nourishment during pregnancy, and goes to urge that, probably, pregnancy or blood deterioration rather than parturient or septic causes are to be found the most constant factors in the production of the secondary fever of the lying-in woman.

Both personal and general disinfection are carried out in the hospital. On admission, each woman has a foot-bath and her knees are well washed. This is useful as much in a disciplinary as in a sanitary point of view. A 1 in 60 solution of carbolic acid containing a minute quantity of cassia oil, which makes the smell agreeable, is used for syringing each case once, and some cases three times daily, and for frequently sponging the genitals. The same solution is evaporated on the central stove, which is very convenient for this purpose, and diapers are washed in chloride of lime water; and chloralum wool as a disinfectant absorbent has been lately placed under them. Chloralum wool soaked with lochia has remained six months in a stoppered bottle without tainted odour. It is believed to be a good aid to personal disinfection, and that it would well fulfil this purpose if more absorbent, by being better carded. For the hands, the carbolic solution, carbolic oil and the nail-brush are in constant use.

Six soldiers' wives were trained as midwives and nurses in 1881, and six in 1882. The majority have left this station. Two are at present nursing in officers' families.

ON DISCHARGES OF PUS FROM THE MALE URETHRA WHICH ARE NOT GONORRHOÆAL.

By TOM ROBINSON, M.D.

THE practitioner of medicine must frequently meet with cases where there is a copious muco-purulent discharge from the male urethra, which, accepting the patient's statement, is not due to indiscretion or the rupture of the marriage vow; and it is with a view to investigate this state that I write this paper. We accept, as a matter of indisputable medical knowledge, that the female vagina and urethra may pour out a purulent discharge, which discharge is, without any doubt, accepted as due to a pathological state of the feminine mucous membrane, and in no wise reflecting a stain on the fidelity of the sufferer. But, if a male consults us with an oozing from the urethra, we are often apt to disbelieve his protestations, and stigmatise him as an unfaithful husband, if he be married, and an untruthful patient, if he be single. We speak daily of discharges from the mucous membrane of the nose, throat, and elsewhere, as being catarrhal; but the male urethra, what can it suffer from but gonorrhœa? The first instance which led me to investigate this subject, came under my notice in the following manner. A gentleman of the legal profession consulted me with what, to all external appearance, was gonorrhœa. He was forty years of age, fair complexioned, and married. He told me that during the pregnancies of his wife he always had a similar condition. This statement I should have accepted with great caution, had it always occurred about the parturient period; but coming on at the early months of pregnancy, and on several occasions, compelled me to attach importance to the statement, and I may say, I have seen this gentleman twice since with the same condition, always taking place during his wife's pregnancy. The following notes from my case book will afford another example of a discharge, which came from an internal cause.

J. B. H., aged forty-two, a man with gouty history, but without ever having true manifestations, was quite grey, had worn down teeth, and tophi. I had attended him on several occasions for gastric catarrh, and eczema of the infra-orbital regions. He was in the navy, and had been at sea for some time. On coming ashore, he had lived freely, and drank rich wines. At the end of a week, he consulted me for a very profuse discharge from his urethra. The discharge was probably more albuminous than is seen at this stage of true gonorrhœa, and although there was considerable smarting on passing urine, it was not the urgent scalding which goes with the early stage of gonorrhœa. His urine was loaded with lithic acid, and he denied having had sexual intercourse. Four days on barley-water, milk, soda water, and broths, with cooked vegetables, and frequently repeated doses (half a drachm every four hours) of acetate of potash, and a goblet of Pullna water every morning, relieved him completely of his trouble.

Men with enlarged prostate frequently suffer from muco-purulent

discharges from the urethra. Organic stricture is also accompanied by profuse oozing. The cases which we call gleet, go on for many years, are most difficult to cure, and are sometimes incurable. The discharge in these instances, especially after much physical exertion, unusual sexual indulgence, or alcoholic excesses, becomes distinctly purulent, even years after the original infection. There are some men who, after any sexual intercourse, have discharge from the urethra, which passes away in a few days without any treatment.

It would appear to us that these facts indicate there are some mucous membranes which become so congested when stimulated, that they produce a muco-purulent discharge, under sources of irritation which are not gonorrhoeal in character, and this is what we find with other mucous surfaces. The conjunctiva in some instances becomes congested, and pours out a copious secretion in a few hours, after being irritated by an external agent. The same rule applies to the nose, the pharynx, and the bronchial tubes. If we apply the same line of thought to the skin, we shall find some cuticles so susceptible to external influences, that the east wind, the sun, soap, and, in one instance I have met with, even daylight, produce an acute eczematous condition. Shall we doubt, then, that muco-purulent discharges, not distinguishable from gonorrhoea, do occur in instances where the irritation is not set up by specific pus-cells? It has often occurred to my mind, that the many remedies advocated for curing clap, have had their reputation based upon the treatment of cases which have been non-specific discharges; discharges which would recover under any line of therapeutics.

CASE OF FOREIGN BODY IN THE EAR NEARLY TWENTY YEARS.

By LUCIUS HOLLAND, B.M., M.D.,

Physician to the Newcastle-on-Tyne Dispensary, Nelson Street; to the Department for Diseases of the Ear, and Lecturer upon Diseases of the Ear and Aural Surgery.

E. H., AGED 27, came to the dispensary complaining of frequent headache and giddiness. According to my custom in these cases, the ears were examined, and, a black mass of cerumen being visible in the right ear, she was referred to my clinic for diseases of that organ. Some difficulty being experienced in clearing the canal, a probe was employed, which at once came into contact with a hard body; and its impaction required the further use of forceps for removal. This body, upon examination, was found to be metallic, in shape like a grape-stone with very sharp apex, and weighed twelve grains. It was kindly tested for me by Mr. Leopold Dean, analytical chemist at Sir William Armstrong and Co.'s, and proved to be a globule of iron.

The patient had lived in the neighbourhood of ironworks from the age of three until ten years, and as a child played and rolled in the sand. During the latter part of this time she suffered from pain in the right ear, for which the workmen puffed in tobacco smoke. At the age of ten years she was removed from the locality, and since then has resided in such places where no opportunity has afforded for the introduction of such a body, besides having no recollection of anything of the kind happening during the seventeen years. The globule of iron must, therefore, have been in the ear nearly twenty years. It was imbedded in dense cerumen, occupying the deep part of the canal, the circumference of which I observed to be irritated, the membrana tympani was somewhat depressed and thickened, with alteration of the "cone of light." Hearing has not diminished, and since the removal of the foreign body the giddiness and headache have ceased. After the age of ten years the earache subsided as the calibre of the canal increased. This case may be regarded as a most remarkable instance of a dangerous foreign body remaining for years in the ear without serious and alarming consequences.

SURGICAL MEMORANDA.

EXCISION OF CLAVICLE FOR NECROSIS.

P. C., aged 14, a doffer, living in a cellar, was seen for the first time on October 22nd, 1892. Some three weeks before this, whilst engaged in carrying a basketful of umbrellas on his head, the basket slipped and fell on his shoulder. He felt something give way at the shoulder, and afterwards experienced pain there. He continued

at his work for four days, when the increased pain compelled him to desist. Subsequently the arm was maintained at rest, and poultices were applied. On October 22nd the lad was greatly emaciated, and the right shoulder was excessively tender. Over the outer half of the right clavicle, by candle-light, was seen a red and swollen fluctuating abscess, evidently on the point of bursting, which, on the following day, was opened at a point two and a half inches external to and on a level with the sterno-clavicular articulation. A large quantity of yellow pus (not foetid) flowed out, and the abscess cavity admitted a probe for a couple of inches in all directions, but no bare bone was felt. The cavity was stuffed with lint, and the limb put up as for fracture, the lad thereafter expressing a sense of comfort and gratitude.

November 2nd. Bare bone was felt on probing.

November 5th. It was decided to excise the clavicle.

November 6th. Chloroform was administered at 3.35 P.M., and an examination made. There were two openings; one, the incision made into the abscess, and the other an inch nearer the sternal articulation, where the skin had given way since the abscess was opened. Pus flowed very freely through both these openings on pressure, and a director, pushed in for about two inches, came against bare bone. On the director being pushed through the artificial opening, an incision was made upwards to the clavicle. From the end of this incision, the knife was carried outwards to the acromial end of the bone, and, with some difficulty, the ligaments attaching the clavicle to the scapula were divided. The acromial end was then raised, the horizontal incision continued inwards to the sterno-clavicular joint, some callus, which had formed round the inner half of the bone, cut through, and the bone easily removed, there being no muscular attachments. No ligatures or sutures were used, but a general oozing was stopped by stuffing the wound with dry lint, over which a pad was placed, the whole being kept in position by strips of plaster and a bandage. The temperature, after the operation, did not exceed 102°. For the first two or three days, during which much pus oozed from the wounds and sinuses round the shoulder-joint and in front of the chest, the wound was washed with carbolic lotion. Afterwards, up to December 18th, it was dressed with zinc lotion, then with dry lint till January 2nd, when the wound was quite healed. The bone came away without the interarticular fibro-cartilage, and was denuded of periosteum, except where the claviculo-scapular ligaments were attached, and a portion of the inner half of the shaft, where the bone was almost surrounded by callus. There was no evidence of fracture.

Rochdale.

HENRY BLAND.

SILVER v. ELASTIC CATHETER IN HYPERTROPHY OF THE PROSTATE.

IN this age so ripe with new inventions in which both large and small things bear a part, one is repeatedly reminded in the daily routine of work how advisable it is not to place too much reliance on this or that form of instrument, or on any particular drug, but strictly to take each case on its own merits. In reporting to the JOURNAL, we cannot be accused of egotism, but rather in its weekly perusal gladly accept hints of any successful treatment, therein described by our colleagues, occurring in private or hospital practice. I was sent for to meet in consultation a medical man in charge of a case which comes under the above heading. W. J., aged about eighty, comfortably off, strong and active for his years, who was suddenly taken with retention of urine. His usual medical attendant and his assistant had been with their patient all night; but, as no relief could be obtained even by the aid of various sizes of the silver catheter, I was called in. I found the exciting cause of retention probably due to over physical exertion, culminating in spasmodic stricture combined with enlargement of the prostate; and as the bladder was very distended, it required speedy emptying. The medical man again used a silver catheter without any result, then handed the case to me. As it was decidedly urgent, I immediately well oiled a medium-sized gum-elastic catheter, and with firm pressure and a turn of the wrist in about two minutes easily passed the instrument into the bladder. If this had not occurred, for the sake of life we must have forced a silver catheter through the prostatic urethra, or else punctured the bladder by the rectum or above the pubes. The instant and happy relief procured in this case shows that it is not the surgeon's hand *per se*, but the means used, that accomplishes the end.

Bromley.

T. WELLS HUBBARD, M.R.C.S. Eng., L.M., L.S.A.