

under the light of the scalpel, it was by no means so during life; and various were the opinions and conjectures offered by several medical men who saw, or were consulted on, the case. To my mind, the character of the discharge attending the first subsidence of the tumour was strong evidence of the correctness of that diagnosis which dissection confirmed.

I can offer no suggestions respecting the curative treatment of this malady; and, indeed, it seems difficult to conceive how any such could be applied: but I will hazard one remark that, while it bears upon the physiological use of the pancreatic fluid, might also suggest a means of relieving the sufferings attending such a melancholy case. During the whole course of this case, there was never any uniform or persistent disturbance of the bowels. There were the three attacks of diarrhoea already mentioned, and on one or two occasions some disorder caused by manifest error of diet; but in general the bowels were neither costive nor relaxed, nor were the appearance or consistence of the secretions unnatural. On the other hand, the stomach was in a perpetual state of severe irritation, bordering on, if it did not amount to, actual inflammation; and this, it appears to me, arose, not only from the interference of the tumour behind it, but from the acrid properties of its own undiluted secretions; and if so, some relief might be afforded by the exhibition, during the times when the stomach is not actively employed in digestion, of large doses of bland mucilaginous fluids, holding small quantities of soda in solution. In accordance with this view, it was found that in this case fresh made whey, cold and frequently sipped, alleviated the sickness and pain more than any other article of diet or medicine.

NEW OPERATION FOR PHIMOSIS.

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THE various methods for the relief of phimosis, which have been introduced and practised from the oldest times of surgery to the present, though answering the purpose intended, cannot fail to impress upon the mind of the surgeon of the present day the ardent desire to have an operation substituted, which will be free from the objection of producing mutilation or deformity. It behoves the conservative surgeon, when called on to remove deformities of the human body, or to relieve obstructions in the different organs, to save any and every healthy part of the human system, and to remove the infirmities, either congenital or acquired, with the least expense to the body; for Nature, in her wisdom, has not created the smallest particle of human organism but for some especial purpose. The healthy body is perfect in all its parts; nothing superfluous can be found about it. By some mysterious agencies, however, Nature at times departs from the customary path during formation; she is arrested in her developments of parts of the human system; and deformities, defects, malformations, and obstructions, are the consequence. To relieve these, man's genius has been taxed; improvements of the various means have followed each other; but it was left to the present age, enlightened and ennobled by the blessings of conservative surgery, to make surgeons pause, reflect, and study Nature's inexhaustible powers, and to send them forth as restorers, and not as mutilators.

In congenital phimosis, and frequently also in the acquired form, we find the deformity to be produced by the tightness of the frænum; the constriction being seated in the internal layer of the prepuce, the external one being free from fault, and therefore not requiring to be interfered with. To overcome this abnormal formation of the prepuce, circumcision, division of both layers of the prepuce on its dorsal or inferior aspect, are practised. These methods, no doubt, relieve the defect; but they also produce artificial deformity of the member. By the practice which I intend to offer to the consideration of the profession, these *opprobria chirurgorum* are avoided, and the member is restored to its natural and healthy condition.

The penis is held firmly and horizontally by the fingers of an assistant, which grasp it near its root, drawing at the same time the prepuce backwards over the body of the organ towards the pubes as much as possible; a fine grooved director, with a blunt point (its groove pointing downwards) is then inserted between the prepuce and glans penis, close to the right side of the frænum, and is pushed on till it is arrested by the reflexion of the inner layer at the corona glandis. A fine bladed scalpel is next passed into the groove of the director, its cutting edge looking downwards; and both layers of the prepuce at the

orifice are divided. The knife being pushed on in the groove, while the assistant draws the prepuce farther back, the internal layer is slit up close to the frænum, as far as the corona glandis. A notch only being made in the external layer, the retraction of the prepuce is effected by the complete division of the inner layer. Some tension, however, of the inner layer, still remaining, the director is passed close to the other side of the frænum, between the glans penis and the inner layer of the prepuce; and upon it on this side, too, the inner layer is cut through, close to the frænum, up to the corona glandis: the external layer, being drawn far back, is beyond the reach of the knife. By directing the incision in this manner, we find the frænum and glans penis fully exposed, and a cut on each side of the frænum, in the internal state of the prepuce, running in an outward direction from each side of the frænum. After arresting the bleeding, which is generally trifling, both lips of the wound along the frænum are united over it with two or three stitches by a fine needle and thread. This done, the wound on each side of the frænum, in the internal layer of the prepuce, is accurately united by several sutures to the external or dermal layer. All threads being cut off, and the glans penis covered with a fine piece of oiled muslin, the prepuce is returned to its natural position over the head of the penis. Adhesion between the cut surfaces of the internal layer of the prepuce and the frænum being thus prevented by accurately adjusted sutures, there can be no apprehension of a return of the deformity. Beyond an oedematous swelling of the prepuce—the consequence of the operation—lasting for a few days, and easily relieved by lukewarm fomentations of chamomile and Goulard's lotion, while the patient is at rest, no untoward symptoms will follow. The sutures, being very fine, need not be removed till all swelling of the prepuce has subsided, which will take place in the course of a week or two.

By operating in this manner, the prepuce retains its natural appearance; no scar is visible on its external face; it allows of easy retraction; and continues to cover the glans, as nature had designed.

Having repeatedly practised this method both for acquired and congenital phimosis, I feel anxious that other surgeons should give it that consideration which it merits on account of its simplicity and certainty of cure, leaving no trace whatever of either deformity or mutilation.

INTERNAL STRANGULATION OF INTESTINE RAPIDLY FATAL.

By HENRY EWEN, Esq., Long Sutton, Lincolnshire.

ON August 18th, 1856, L. F., a girl, aged 14, complained at noon of being unwell. She had pain in the left side, but took her dinner as usual; she walked out with the children of her charge for an hour in the afternoon, but on her return complained of being exceedingly unwell, the pain in the left side having increased; she could not take her tea. She went to bed at 10 P.M., when copious vomiting came on, with great increase of pain in her left side. The vomiting was not stercoraceous. There was no hiccough. Fomentations and other domestic remedies were used with partial relief, but she was restless and in great pain all night; there was frequent and urgent desire to pass urine, but very little was voided. At 6 A.M. on Aug. 19th, complete collapse had come on. She had never menstruated. I was sent for about 7 in the morning, and reached the house about 8; she was then dead.

An inspection of the body was made seven hours after death. She was a short, delicate young woman. The abdomen was hard and distended; there were about two pints of bloody serum affused into the cavity. The whole of the jejunum and ileum had passed through an aperture in the mesentery behind the middle third of the duodenum; the last portion of the ileum had drawn upwards the cæcum with the vermiform appendix, which were seen just below the edge of the liver. The cæcum and ascending colon were much distended with gas. All that portion of intestine which had passed through the aperture in the mesentery was of a dark chocolate colour, and much distended with gas, and there were many patches of blood extravasated in the corresponding portions of the mesentery. The stomach was healthy, and contained about a pint of milky fluid. The bladder was empty. The lungs with their pleuræ, and the heart with the pericardium, were healthy.