

It shows very well the difference in the character of bones lost by ulceration and those affected with ainhum. In the great toe lost by ulceration the first bone of the phalanx has been abruptly terminated; while in the second toe the first bone has gradually been reduced to a tapering distal point; the second bone is altogether absent; the third one is extremely rudimentary, appearing as a mere speck in a mass of soft tissues; in third toe only a rudimentary first phalanx is left; the second bone is distinctly semi-lunar, while the third is normal. In the fourth toe the first bone has a pointed extremity; second one absent; third deformed and presents a bulbous extremity; the phalanges of little toe bear a normal character.

In the present case the man was evidently a leper, although signs of ainhum were present in some of the toes; still it would be too hasty to assume any casual relation between the two diseases; but that one may hasten the influence of the other can be very well demonstrated here, such as diminution of sensation, absorption of bones in the affected toes in course of one year, which we find to a remarkable extent in the above case, do not take place so quickly in ordinary cases of ainhum, where average duration is stated to be 16 or 17 years; thus it appears that leprosy has caused the other disease to run its course much more quickly than it would otherwise have done.

In conclusion I am greatly indebted to Lt.-Colonel Grainger, I.M.S., for his kind permission for publication and to Professors N. Bhattacharya, M.A., and M. M. Ray, M.A., for kindly taking X-rays photograph for me.

A CURIOUS CASE OF URINARY FISTULÆ.

BY K. P. BANNERJEE,

Assistant-Surgeon, Jungipore.

ON the 27th of June last Rafatulla, M. M., 18, was brought into the hospital for treatment of two urinary fistulæ at the root of the penis. Said that about a month ago suddenly his penis became swollen causing retention of urine which lasted for two days, and then rupture of the urethra took place at the root, one on each side. No urine was coming through the meatus.

On examination, catheter could not be passed beyond the root. A black thing, just like the fold of a skin, was seen deeply embedded at the upper part of the root. This proved to be a brass ring encrusted with dirt and paints of various medicines applied by quacks. The lower part of the ring was embedded *within the penile structure*, over which healthy tissues have grown like a bridge. The urine was coming along the sides of the ring: after much difficulty the ring was cut, straightened and drawn out.

The catheter was again tried, but could not be passed either through the meatus or through any of the apertures.

After much coaxing the patient gave the following history.

About three months ago one day he introduced a brass ring at the root of his penis. About the evening the penis became swollen, and he could not draw it out. For shame he did not tell this fact to any one and there it remained; gradually the lower portion became ulcerated, and a part of the ring became embedded in the penile structure pressing on the urethra. About five weeks ago the passage was completely blocked; and there was retention of urine for two days, when the urethra ruptured by the sides of the rings, and he was relieved. Since then no urine came through the meatus, but dribbled through the two openings at the root of the penis.

29th June, 1901.—He was put under chloroform, a Beevan's sound was utilised as a Wheel house staff. An incision $2\frac{1}{2}$ " long, 1" deep, was made on the under-surface of the root of the penis. The staff was made to hook up the upper part of the wound—the lower healthy portion of the urethra was pinched up and opened. The staff was withdrawn, and a catheter was introduced through the meatus and the opening in the lower urethra into the bladder. The intervening cord-like portion about $\frac{1}{2}$ " in length was removed. The ends of the urethra were approximated and sutured over the catheter; the rest of the wound was also sutured and dressed antiseptically in the usual way. The catheter was kept in tied to the thighs.

For two days there was slight rise of temperature. The bladder was every day washed with boracic lotion.

On the 5th July the catheter was removed. The wound was about $\frac{1}{4}$ " long.

On the 18th the urethra again showed signs of slight contraction. The catheter was again passed and retained till the wound healed up. He was discharged cured on the 23rd July.

REMARKS.

The forbearance and the patience of the boy is to be admired. Even when suffering from agonising pain of the retention he did not tell any one of the true nature of his case. The nature of the operation could not be specially named. The patient made an almost uninterrupted recovery after the loss of a portion of his urethra.

CASE OF PENETRATING ABDOMINAL WOUND: RECOVERY.

BY LUCHMAN DASS,

Assistant-Surgeon, Bannu.

Name of patient—Adal Mir, a Waziri, aged about 21 years. Occupation.—A *talab* (student)