bay, prescribed creasote, among other drugs, in three cases of chyluria, without any apparent benefit. Two of these cases recovered permanently from *change of air*, and the result of the third case was not known. It is difficult to imagine, bearing in mind that the association of a parasite with chyluria had not then been discovered, what object these practitioners could have had in view in prescribing creasote, or which of the little-investigated physiological effects of the drug they considered likely to prove beneficial. Possibly, its property of coagulating albumen, may have led to its employment. It is not improbable, indeed, that it was prescribed like so many other medicines—merely at haphazard, and with no definite idea as to the action which it was likely to exercise. Certainly the results obtained from it in the hands of these practitioners, were not at all encouraging. In none of the three cases does it appear to have been of the slightest benefit, but there is no mention of the length of time during which its use was persevered in. There is, however, one circumstance in connection with these cases which, it seems to me, may possibly account for the apparent failure of the remedy. The patient in each instance presented marked cachexia. Now, supposing creasote to have exerted its poisonous influence on the *filariæ*, might not the vitality of the patient's system have been too feeble to admit of ready repair of the injury which the parasite had inflicted on the minute vessels? And is it not possible that the *change of air*, by invigorating the constitution, may have enabled the vessels to resume their healthy condition, and thus contributed to complete recovery? In the case at present recorded there was no sensible impairment of the general health, and, consequently, the process of repair may be supposed to have proceeded with rapidity. Again, in connection with the effect of drugs, it must not be overlooked that the disease may acknowledge different causes, being in some instances dependent on the presence of a parasite and amenable to remedies like creasote, in others associated with pathological conditions which have yet to be demonstrated.

Submitting these conjectures for what they are worth, I must add that, on the whole, I am far from entertaining decided convictions with regard to the parasitic origin of this disease. A microscopic examination of the blood in the present case—which was however not sufficiently accurate or exhaustive to afford negative evidence of much value—failed to disclose the presence of *filariæ*. But there is a physiological objection which, so far as I am aware, has not been previously advanced, and which, to my mind, militates strongly against the truth of the supposition that the chylous condition of the urine is due to a communication between the intestinal lacteals and minute blood vessels. It has been well ascertained by Gulliver and others, that chyle taken from the villi of the intestines, or from the lacteals near them, contains no spontaneously coagulable material. It is only after it has been elaborated in the mesenteric glands, and as it approaches the thoracic duct, that it acquires this property. How then, if it be true that the chyle is received into the blood from the source indicated, can we account for the fact of its coagulating spontaneously or being discharged with the urine? Does the process of elaboration go on in the blood? Or is the presence of coagulable material due to the coincident discharge of *liquor sanguinis*? The urine, however, it must be remembered, does not coagulate spontaneously in ordinary albuminuria. Indeed whatever explanation may be offered on this head, it is sufficiently evident that both the pathology and clinical history of chyluria require further elucidation.

Dinapore, August 15th, 1878.

INJURY TO A KNEE ANTISEPTICALLY TREATED.

BY APOTHECARY T. K. HALL, *Rangoon*.

Shortly after the case of Persistent Hiccup, reported by me in your journal of the 2nd of May last year, I had under my care a labourer, who met with a very severe accident when at work cutting jungle. It was about 7 o'clock of an evening that the man was brought in on a cart, in a condition which led me to expect he had received a much severer injury than was found to be the case on examination. He appeared in great distress, and was very much alarmed at the sight of his leg; the right knee, which was the injured part, being enveloped in rolls of dirty cloth and made tenfold worse in appearance from saturation in blood. His sympathizing friends having treated him rather liberally to liquor, he was in consequence troublesome, and could not for a little time be got to submit to an examination of the wound.

On the removal of these dressings, there was presented to view a gaping wound about five inches in length in the medial line of the patella, extending from above downwards,—the bone being exposed. The wound was accidentally self-inflicted with a long rapier which he used at work. His own account was, that he struck at a branch which was before him, and, missing his mark, the rapier descended and cut open his knee.

The clots being removed and the surface of the knee antiseptically cleaned, the wound was similarly attended to. All oozing of blood having ceased, the wound was freely smeared with Carbolic oil, (strength 1 to 6), the edges were now brought well together and thus retained by a few strips of the ordinary adhesive plaster. Sutures of any description were not used, and thereby was avoided the employment of an agent, in the treatment, which at any time might have proved a source of danger, the suture points possibly inflaming and suppuration spreading to the deep structures of the knee-joint; the occurrence of which would inevitably have been attended with imminent risk to the limb, if not to life. A piece of lint, four folds in thickness, and saturated with carbolic oil, was placed over the line of apposition, and sufficient in extent as to overlap it about three inches in every direction. Over this again a much larger spread of lint, of three folds also and similarly saturated, was put, and over all a piece of spongio piline to almost envelop the knee. The limb was next bandaged from the foot to the hip, to guard against the action of the muscles; a Fergusson's long splint applied and secured in the usual way, and a sand-bag placed to the inner side of the knee to insure, as far as practicable, that degree of rest, if not absolute, which was so essential from the situation of the wound. A draught of 30 minims of Tinct. Opii in camphor water was given him at bed-time with the view of quieting him for the night.

On calling to see the patient about 9 A. M. the next day, I was, as might be expected, amazed to find the dressing, I had taken so much trouble to get up, quite disarranged. The long thigh splint put aside, the bandages slackened, and the dressings of lint soaked with blood. The cause of it all was soon learned; his friends had been to see him during the night, and had of course kindly helped him to drown sorrow in a few more potations of rum; which is here generally taken "neat" by all rum drinkers. Alcohol, as an anti-septic, doubtless ranks high; some practitioners preferring its use as a dressing to carbolic oil. It is said to be in use in some of the Hospitals in Paris. Dr. David Blair employed whiskey in the dressing of wounds very successfully; whilst Mr. T. Cooke preferred methylated spirits and water, in equal parts, in the practice of out-patients, to carbolic dressing, the latter failing

when any of the precautions recommended are neglected. In the present instance, however, the patient preferred its internal use to its local, hence the perverted action of the brain and consequent misuse of the limb.

The whole process of the work of the previous evening above detailed had now to be repeated, with a much poorer chance of success, and the strictest injunctions given that total abstention from all liquor be practiced for, at least, the period he may be under treatment.

The dressings were not disturbed for three days, when, with the exception of the pad of lint lying immediately over the wound, the rest was removed. Carbolic oil was freely applied to the inner dressing, and a fresh outer dressing of lint soaked in carbolic oil re-applied and the same precautions taken as at the start to insure rest. The knee, which was a little swollen, continued so for a few days; the swelling, however, was not attended with any evil consequences, and rapidly disappeared. The only other matter for complaint the patient found, beside the restriction to movements, was a burning sensation which he felt in the wound, due doubtless to the stimulating action of the carbolic acid. This burning lasted but two or three days.

The dressing of the wound was repeated every second day in the manner just stated to the tenth day, when I ventured to remove all dressings, taking the precaution to prevent any possible re-opening of the wound on the removal of the inner pad of lint and consequent exposure to a septic atmosphere. On carefully examining this dressing, there was not to be seen any evidence of pus or any other discharge; the wound having healed by what is known as "the first intention."

On letting go my hold on the fold of skin I had pinched up with my fingers, when removing the lint, there was no more than a tender linear cicatrix, which I thought advisable to protect by a little carbolised dressing and a light bandage. At the end of three weeks the patient was permitted to leave his bed, and in another week he expressed himself feeling strong enough to return to work.

REMARKS ON A CASE OF AMPUTATION OF THE PENIS.

By Civil Surgeon T. J. McGann,

Civil Surgeon, Mysore.

There are some points connected with this case which may be of use or interest to some.

Ramiah, aged 50, a Brahmin, was admitted into the Civil Hospital on the 2nd June last, with epithelial cancer of the penis, involving the whole of the organ close up to the base, but leaving the inguinal glands apparently unaffected.

The man's general health was good, and the disease was said to have been of about four months' duration.

Since it was necessary to amputate close to the scrotum, a situation in which there is especial tendency to contraction of the urethral orifice, the following operation, recommended* by Profr. Humphry, was performed.

An incision was carried through the raphé of the scrotum into the perinæum, exposing the *corpus spongiosum*. This having been cleanly exposed, the penis was cut off close to the pubis, and the *corpus spongiosum* dissected from the *corpus cavernosum* as far as the crura penis, turned down into the perinæum, and left hanging out about three-fourths of an inch beyond the level of the skin. The cut edges of the scrotum were then united by a few points of suture and the patient removed to bed.

* Holmes' System of Surgery, Vol. V., p. 181-2.

The man made a perfect recovery, and was discharged from hospital on the 22nd of July, with a perfectly patent urinary orifice.

Surgeons Hackett and Allison, who happened to be in Mysore at the time, kindly assisted me. The former and I, having previously operated on the dead subject, in a manner similar to that described above, agreed that it would facilitate the operation to leave the penis attached until the *corpus spongiosum* had been accurately exposed, as the dissection would be easier, since traction or otherwise on the penis would make the parts tense or the reverse, and in addition the necessity for the use of the forceps would be diminished.

Remarks.—Before the patient left hospital the urethral orifice, to my surprise, had retracted to about the level of the skin, even though while the patient was on the table, it projected fully three-fourths of an inch beyond it.

The length of the patient's stay in hospital was entirely caused by the difficulty which was experienced in getting the sides of the testicles and edges of the scrotum to unite; a difficulty due to the mobility of the parts, and which was at last got over by using deep quill sutures same as in perineoraphy.

To obviate this, however, I would propose the following modification of the above operation, and which I have found to be quite practicable in the dead subject at all events, *viz.*, not to divide the tissues of the scrotum completely as was done in the case quoted, but to pull it well forwards, as in lithotomy, and make an incision through the raphé at the back part of sufficient extent to admit of the required dissection of the *corpus spongiosum* being made. In this method even more than in the other, the non-removal of the penis until the spongy body is exposed is advantageous. But the great advantage claimed for it is that, leaving a large bridge of skin and tissues underneath, the operation, while not rendered more difficult, is less formidable, and the time necessary for the healing process is much curtailed.

Another point I would direct attention to is, that the dissection of the *corpus spongiosum* should be carried a little further back than is usually advised in books, so that in reaching the perineal opening, it may form, not an angle more or less acute, but a gentle curve.

Notices to Correspondents.

It is particularly requested that all contributions to the "Indian Medical Gazette" may be written as legibly as possible, and only on ONE SIDE *of each sheet of paper.*

Technical expressions ought to be so distinct that no possible mistake can be made in printing them.

Neglect of these simple rules causes much trouble.

Communications should be forwarded as early in the month as possible, else delay must inevitably occur in their publication.

Business letters to be forwarded to the publishers. Messrs. Wyman and Co., *and all professional communications to the Editor, direct.*

Communications have been received from—

Surgeon-Major A. K. Hall, A. M. D.; *Surgeon* T. J. McGann, *Civil Surgeon, Mysore; Assistant-Surgeon* Ram Kishen, *Sonepat; Assistant Apothecary* G. W. Phillips; *Surgeon* P. Johnson Freyer, *Civil, Azamgurh; Surgeon-Major* H. Cayley, *Superintendent, Mayo Hospital, Calcutta*; *Surgeon* E. Lawrie, *Resident Surgeon, Medical College Hospital; Surgeon* J. C. Lucas, *Bombay Medical Service; Assistant-Surgeon* Mohendra Lall Bose, *Raneegunge; Secretary to Government of* Bengal; *Secretary to Government of* Madras; Health Officers, *Calcutta, Madras and Bombay.*