

came down, especially after lifting, but was always easily replaced. On this occasion it came down a few hours previous to my seeing him, owing to his lifting bags containing grain. On examination, I found it was a case of "Oblique Inguinal hernia" large and rapidly increasing in size; there was nausea and considerable pain in the bowels. I attempted reduction at once. After applying taxis in the proper direction for about ten minutes without any effect, I passed in a needle of the aspirator and drew off about four ounces of bloody serum and then again attempted reduction, but still without effect. The pain increased and vomiting came on after the last attempt at reduction. Ceased any further attempt to reduce it and applied ice for a few hours. Dr. Hornibrook then saw the patient with me. We put him in a warm bath for fifteen minutes, and on taking him out wrapped him in blankets, and at once put him under the influence of chloroform. Dr. Hornibrook then passed in a needle of the aspirator and withdrew about two ounces of bloody serum, he then attempted reduction, but failed and at once proceeded to operate. On opening the sac, it was found to contain a coil of intestine, about 8 inches long and very much congested. After division of the stricture the hernia was readily reduced. The wound was then dressed and the patient placed in bed.

Wednesday 15th, 9 a.m.; pulse 84; temperature $98\frac{1}{2}$ (F); slept very little during the night; 2 p.m., pulse 84; temperature 100 (F); bowels have not moved, gave an injection of warm water which had the effect of moving them. Morphia gr. ss.; vomited immediately after taking morphia; 8 p.m., pulse 78; temperature (99). Has slept during the afternoon.

Thursday 16th, 9 a.m. Has slept well during the night, pulse 78; temperature 99 (F). M. Complains of considerable pain in the bowels; ordered morphia acet. gr. $\frac{1}{3}$; 8 p.m., rested during the afternoon, temperature 102; pulse 100; R. Liq; ammonia acet. 3j.; tinct. aconite rad. Mij. every two hours.

Friday 17th. The patient from this date continued steadily to improve with the exception of an attack of orchitis, which readily yielded to the ordinary treatment.

EXTRAVASATION OF URINE—LOSS OF PENIS.

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[Reported by Dr. Kains, Resident Surgeon.]

History—T. F., æt 28, a Railway employee was admitted to the London General Hospital, on the 14th Dec. 1875, under the care of Dr. Brown, suffering from extravasation of urine, which took place the evening before last, at St. Marys. He states that he has been suffering from stricture for the last six years. On his arrival in this country, he was admitted into Bellevue Hospital, N. Y., in consequence of a stricture of the urethra 2 inches from the meatus. It was proposed to cut down on it, but he refused to submit and was discharged; ever since he has been suffering more or less, sometimes passing a catheter for himself, and sometimes seeking the assistance of medical men. He has been lately very much exposed, and had been drinking very hard; in consequence he has found much difficulty in passing his catheter, until at last, (three days ago) he failed altogether and was obliged to seek the aid of a medical man, who failed also in its introduction, and advised him to go to the London Hospital. He did not enter the Hospital for a day and a half after this. Before he left St. Marys, while straining violently, he felt something suddenly give way, followed by immediate relief, and swelling of the penis—which extended towards the abdomen. He was able to pass urine after this, but noticed that the swelling increased after each act of micturition; the parts then became very painful.

Condition on admission.—External appearance that of a dissipated hard case; physique small; expression of countenance extremely anxious; skin hot and dry; pulse 120; tongue brown and very dry. Penis swollen to the size of an 8oz bottle and mottled all along the dorsum, with large drops of urine oozing here and there through the integument scrotum very much swollen, also root of penis at pubes and lower part of the abdomen above it; perineum swollen but not tense. Able to pass urine but not only after severe straining.

Treatment.—Free incisions were immediately made into the penis, scrotum and perineum, and the parts well fomented with flannels wrung out of hot water. A catheter was not passed, as he had