

Bright; and in my own country the great names of Alonzo Clark, Austin Flint, John T. Metcalf, and a host of others. Opposition and ridicule are ever ready, but never yet crushed out a great truth. With the simplicity of my nature, and with the honesty of my purpose, there can be no indecency and no sacrifice of self-respect in making any necessary physical examination whatever, if it be done with a proper sense of delicacy, and with a dignified, earnest, and conscientious determination to arrive at the truth—a truth without which every step is in the dark, but with which all is as clear as the noonday's sun.

HOSPITAL REPORTS.

JEFFERSON MEDICAL COLLEGE,
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CLINIC OF PROFESSOR GROSS.

REPORTED BY DR. NAPHYS.

EXTROPHY OF THE BLADDER AND DOUBLE HERNIA.

B, *æt.* 6. This boy is tall, well nourished, has a good complexion, well developed limbs, and is perfectly formed, excepting at the lower part of the abdomen, where a red tumor is observed. Immediately below this reddish projection an organ resembling the penis is seen. The head of the penis lies between the tumor and a little mass of skin below, which is the prepuce. Around the tumor and penis there is a circular swelling. On the lower part of this mass the testicles are found, and on each side an inguinal hernia complicating the case. Water is seen to be passing off from the reddish surface, and on each side of this surface there is an opening corresponding with the situation of the ureter.

The red mass, larger in the transverse than in the vertical direction, situated between the penis and umbilicus, is the posterior wall of the urinary bladder, the anterior wall of that bladder being absent. The posterior wall is pushed forward through an opening existing in the wall of the abdomen. This affection, constituting extrophy or eversion of the bladder, is a congenital malformation and not the result of an accident. It consists essentially in a defect in the anterior wall of the bladder as well as in that of the abdomen. The pubic bones are also wanting, there being a large gap in the middle line where there is no bony structure whatever. The defect is much more common in male than in female subjects.

Professor Gross has seen a large number of such cases, certainly from eighteen to twenty. The affection is very frequently accompanied by hernia on one side, sometimes on both sides, as in this instance, and always with that variety of malformation of the penis called epispadias. The head of the penis is defective, it is flattened.

The testes are frequently fully developed and situated in the scrotum, but sometimes they remain in the groins. In the female this defect is accompanied by certain malformation of the genital organs, frequently deficiency of the clitoris and nymphæ. But there are cases reported in which females are capable of menstruation and conception. In the male there is naturally impotence, but not

any absence of the ordinary voluptuous feeling attendant upon the age of puberty, for the testes are usually very well developed. The urine dribbles off constantly, sometimes in a stream, at other times simply diffusing itself over the parts. The skin around is therefore apt to be excoriated.

The question arises, what is to be done. Mr. Simon, of London, performed an operation a number of years ago, by which he attempted to insert the ureters into the bowel. His operation was somewhat successful, but the result was not fully satisfactory, and in its performance he placed in jeopardy the life of the patient. Of late years attempts have been made to cover this raw surface by taking integument from the neighbouring parts, and uniting the edges at the middle line, so as to form a flap to protect the raw surface. The operation has been performed in a number of instances. Professor Pancoast performed it at this clinic in an elderly man, who finally died from an attack of pneumonia. The operation did not succeed very well. Dr. Ayers, of Brooklyn, had a case in which the success was gratifying, but by no means complete. It is doubtful whether complete success can ever be had, for the urine coming in contact with the edges of the wound will prevent union. The wound which it is necessary to make is always of a formidable character, and requires a long time to heal. The patient may have erysipelas, peritonitis or emphysema, or he may suffer from severe traumatic fever, so that the operation is liable to be followed by very serious consequences under the best of circumstances.

MAMMARY TUMOUR.

Mary —, *æt.* 37; married. She has been married for fourteen years, and has four children, the youngest being eleven years of age. A swelling made its appearance in the right breast last winter. That breast is now much larger than the other, but it is quite moveable, having apparently no strong adhesions to the subjacent structures. The tumour feels hard, and is of large size; there is no fluctuation, but at certain points a little softness. The nipple retains its integrity, it is not retracted, it is soft. There is no enlargement of the subcutaneous veins.

Her health is good; tongue looks well; appetite not impaired; she sleeps soundly; has lost no flesh; is not easily fatigued; and her spirits are good. — She has no pain in the part. She still menstruates. The tumour was perceived some time ago, and two ounces of fluid issued. She has not attained that period of life in which scirrhus of the mammary gland is usually met with. It commonly makes its appearance between forty-five and fifty, about the time of the cessation of the menses. But encephaloid may come on at almost any period in the female breast. It is true it rarely appears until after the age of puberty; in the great majority of cases, between the age of twenty-five and forty-five. It is rapid in its development, generally unattended with pain, or if there be any it is much less than in scirrhus, because the nerves are not so much compressed as in the hard form of cancer. The tumour is also softer and larger than scirrhus, and not unfrequently it happens that there are little cysts in it, and sometimes cysts of a considerable size, upon puncturing which, fluid of a muddy character escapes, which fluid is often but not necessarily coagulable by heat, acid and corrosive sublimate.