

base, closely set together, compressing each other into pentagons and hexagons, and presented a very uniform surface. On the 24th he was operated on as follows:—

He was placed on a table and tied up, as for lithotomy, which proved a wise precaution, and he was put under the influence of chloroform. An incision was now made, beginning an inch to the right of the symphysis pubis in the sound skin, immediately above the corporal tumor, and carried in front through the sound skin down to the corona glandis; another incision, begun at the same point, was carried down between the right side of the tumor and the scrotum, to the sound skin at the back of the penis, and along in like manner, to the commencement of the prepuce. Thus, the two incisions were united at the top, and separated at the bottom by the width of the tumor on one side, and the sound skin on the other.

The tumor was now dissected carefully from the spongy and cavernous bodies down to the base which was not divided. I now introduced a grooved lithotomy staff into the elongated prepuce, and with a probe-pointed bistoury divided it down to the frænum—a very difficult task, as it cut with the resiliency of an old-fashioned india-rubber bottle or the cartilage of a sturgeon's nose. The inner lining of the prepuce was found perfectly healthy, although elongated the whole length, and of the usual thickness throughout. It separated easily from the diseased portion, and I reserved what I thought would be enough to cover the denuded portion of the penis, but I did not leave quite enough. I would here remark, that, if I should have a similar case again, I would remove the whole skin of the penis, and replace it by the lining of the prepuce. A few touches of the knife sufficed now to separate the adherent portions, and the whole of the preputial and corporal disease was removed in one mass. The skin at the sides of the scrotum was healthy,

so I made a V shaped incision through the scrotum, the apex at the perinæum, and carefully dissected out the disease. The testicles were found of the usual size for a boy of 11 years of age, at which time the disease had commenced. The penis was of an undersized adult magnitude.—The parts were now brought together by fifteen or sixteen sutures, and the whole assumed a very respectable appearance,—a spot the size of a halfpenny alone being uncovered. The cure proceeded in the most satisfactory manner, and on the 21st of April he was discharged,—the parts presenting the appearance depicted in fig. 2. A spot, the size of a sixpence, on the underside, was still unhealed, but it cicatrized perfectly in three days after leaving the Hospital.

There was scarcely any blood lost during the operation, but a tawny serum exuded abundantly, at every cut. This fluid was examined under the microscope, by Dr W. Fraser, and found to contain no corpuscles or cells of any kind.

The structure of the morbid growth, I examined with the microscopes of Drs. Fraser and Gibb, in conjunction with those gentlemen. It presented the usual fibrous and areolar structures of the skin and subcutaneous tissues, but highly condensed.

Montreal, Sept. 15, 1851.

ART. XXII.—*Dead Fœtus retained in Utero for six months.* By JOHN WANLESS, Surgeon, London, C. W.

Permit me to record in the *B. A. Journal* a case which came under my care a few weeks ago, in which a dead fœtus was retained in utero for six months, without the occurrence of the slightest bad symptom to the mother. I believe there are few such cases on record, and, as it might be of some importance in a medico-legal point of view, let this be my excuse for troubling you.

Mrs. ———, æt. 30 years, of good con-