

because it was deprived of its nutrient arterial support, and not from infiltration. The rupture took place behind the stricture, not from the clumsy use of the catheter as is generally supposed, but from the violent straining of an over distended bladder. Colles in his lectures lays down that rupture always occurs posterior, and not anterior to the stricture. He says, "Infiltration of urine seldom or never follows the accident of making a false passage with a bougie, because the stricture which is behind the perforated part of the urethra, breaks the flow of the urine, and because the false passage is valular."

On a review of the case as to treatment, the following question naturally suggests itself. What would have been the result, had timely free incisions been made into the penis immediately after it became swollen, conjoined with the introduction of a catheter to be secured in the bladder, and left unplugged with an india-rubber tube attached so as to prevent any further effusion? In my opinion, such a line of proceeding would in all probability have saved the poor fellow his penis. It is also a "questio vexata" what should be the line of practice in case of the destruction of the integument *only* of the penis. Supposing cicatrisation were affected in such a case, all cicatricial tissue being non-contractile, would not the want of this property of distensibility, be a most serious impediment at times to the proper functions of the organ?

It will be noticed that the impression produced on this man's system by the urinary infiltration and gangrene was of a most severe nature. For a few days grave apprehensions of septicæmia were entertained, but under a most liberal allowance of stimulants, nutrients, and most careful attention to hygienic measures the scourge was fortunately warded off.

ASPIRATION IN HYDROCEPHALUS.

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As I am not aware of this operation ever having been performed, a few remarks on the following case may be interesting to some of the readers of your valuable journal.

P. C., æt. 11 months; head measures 28 x 26 1/2 inches, the longest diameter being the occipito-frontal. Operated on the 23rd Feb., 1876, at 3 o'clock p.m. The instrument used was "Potain's

modification of Dieulafoy's Aspirator," as made by Codman & Shurtleff, of Boston. The bottle being first exhausted, I introduced the needle (a No. 3) into the cranium at the anterior fontanelle.

The needle had scarcely entered when the fluid was seen streaming into the bottle, until it was about two-thirds full. As the bottle was not sufficiently exhausted, the cock on the needle side was turned, the pump again used, and again the fluid was seen flowing. The bottle being nearly filled the needle was withdrawn, the exhaust preventing the admission of air. After the needle was withdrawn he became faint and vomited a few times. Gave him a diffusible stimulant and he began to rally. The head was now strapped with wide strips of adhesive plaster. I was assisted in the operation by Drs. Burns and Pickup, of Pakenham.

As the patient did not rally quickly, we ordered brandy diluted, to be given frequently. In the morning he had rallied, and seemed pretty well.

24th, Morning;—Slept twice during the night; became restless about 7 o'clock, a.m., and gradually got worse. Ordered 6 grs. hydrarg. cum creta, and 4 grs. pulv. rhei. at 11 o'clock, a.m.; also an injection at 2 o'clock p.m., and another at 3 p.m. Some mucous with a very small quantity of bilious matter passed from the bowels. Has suffered a good deal of pain, mostly in the bowels. Head was hot during the night; applied cold cloth. Saw him again at 3 p.m.; suffering pain; gave him a warm bath, and applied flannels wrung out of hot water and turpentine over the bowels which relieved him for a short time, after which he slept.

Cold cloths again applied over the head, as he is restless. Gave a teaspoonful of oil at 4 o'clock p.m., and an injection at 5 p.m. Bowels moved while giving injection; passed about 1/2 oz. mucus. A little easier as I leave at 5.20 p.m. Ordered 2 gr. potass bromide, and 1/8 gr. chloral hydrate, a few minutes before I left. Visited him again at 11 o'clock p.m.; gave an injection; bowels moved; motion looks better; a little easier. As he has been starting suddenly and crying, also seemed chilly, I ordered 4 grs. potass bromide and 1 gr. chloral hydrate every two or three hours, according to the urgency of the symptoms. I remained some time, and when leaving he was much easier.

25th.—Bowels moved during the night, and a great deal of wind passed. Head hot and body