

R—Tinct. Ferri. Mur. 3ss.

Ext. Nuc. Vomica fld. 3j.

Acid Phosph. diluti. 3ss.

Ext. Calumbo, fld. 3j.

Aquæ ad. 3viii. M.

Sig. A tablespoonful three times a day. Guinness's porter, half a pint morning and evening. Brandy every four hours in egg and milk; beef-tea and a little solid food.

24th—Looks more natural; pulse 120; temp.

102. A small abscess was opened at the inner angle of the left groin; discharged thick pus. Knee same; no pain; microscope shews large deposit of muco-pus cells in urine with a few crystals of ammonio-magnesium phosphate.

25th—No change, knee better.

26th—Is about same, temp. 98; pulse 117. An abscess containing about 4oz. of thick pus, near the left tuber ischii was opened; scrotum improving.

27th—General condition improving.

28th—No change.

29th—Same; catheter has not been removed since the 25th, it is daily partially withdrawn so as to prevent incrustation. He is also made to urinate only periodically, all the wounds and raw surfaces being immediately after syringed with a weak solution of permanganate of potash. To day all urine passed per catheter.

Jan. 5th—Since last report his improvement has been steady; knee is much better. It was ordered to be bandaged, and the lotion to be discontinued, the catheter was also withdrawn; it had been in the bladder fifteen days; no incrustation on the instrument; ulcerated surfaces are all granulating nicely and filling up. Urine comes in a full stream and with considerable force, greatly to the astonishment of all who have watched the case, which has been most interesting throughout. Any further details are unnecessary, as, from this date he rapidly improved, the parts gradually contracted and cicatrized, special care being taken that the external meatus was not involved. This was done by the passage of a medium sized catheter, which he was educated to do for himself. He was discharged to day, 14th Feb'y saying that he felt far better and more comfortable than he had before, as the stricture near the neck of the bladder was now well, and he would not have the old difficulty of passing the catheter.

Remarks.—A careful perusal of this excellent

report by our Resident Surgeon, shews that this case is a rare and an exceptional one. Loss of the penis from extravasation of urine, I have never seen even hinted at in any of our standard surgical works, nor have I come across any case of it either in pamphlets or journals. This may be easily accounted for, because in 99 cases out of a 100, the ordinary point for rupture of the urethra in cases of extravasation is in the membranous portion between the bulb and the point where it pierces the triangular ligament. It rarely becomes extravasated between this ligament and the bladder, and when it does, is generally fatal on account of the pelvic fascia, which rapidly becomes involved. When the rupture occurs in the former, the course of the urine is *perineum*, *scrotum*, and lastly *root of penis*, where it most generally stops, in most cases not getting even so high. In this case however it is quite plain that its course was reversed, being first, *penis*, next *pubes and neighboring parts*, then *scrotum*, and lastly *perineum*.

The body of the penis, as is well known is surrounded by a thin integument, remarkable for the looseness of its cellular connection with the deeper part of the organ, and for containing no adipose tissue. It is composed of the corpora cavernosa and spongiosum which contain in their interior the longest portion of the urethra, the composition of these, is a peculiar cellulo-vascular tissue, (erectile,) which is peculiarly favorable to the destructive properties of the urine, and hence their complete destruction in this case, so complete that the whole outline of the corpora cavernosa, even down to their crura or attachments to the rami of the pubis and ischium could be easily made out in the slough which separated "en masse" rendering the opening for the catheter difficult at first to find, as the whole of the urethra in front of the triangular ligament had disappeared. It was the dread of this which deterred me from a daily withdrawal of the catheter so as to prevent incrustation. The instrument I may add was a metallic one, the gum elastic being much more likely to become incrustated.

The history of this case points emphatically to the conclusion, that the point of the urethra whence issued the first drop of urine was immediately behind the anterior stricture, or one and a half inches from the end of the penis and a little above the glans, which it will be noticed, was not at first implicated, but subsequently became so, only