

made so as to separate it laterally from the corpus cavernosum, the scrotum was allowed to drop and was drawn slightly backwards, and the penis having been seized, was pulled forwards and removed by a single sweep of the knife close under the pubis. A few bleeding vessels having been twisted or tied, the scrotum is again drawn forwards as before, when the cut surface of the corpus spongiosum presents itself through the posterior incision, and this being separated from the corpus cavernosum, is turned down into the perinæum, and left hanging out there half an inch beyond the level of the skin. The front and back incisions are then united by a few points of suture, and the protruding spongy body slit on the lower or posterior aspect and the edges united to the perinæal skin on either side by two points of suture; the operation is completed.

On the completion of the operation there is but a small wound visible in front, and the scrotum, which is practically intact, has to be raised to render the posterior incision visible. This method of operation will, I think, be considered by most as a great improvement upon that described by Professor Humphry. The amount of cutting is very much less, a consideration of great weight with every surgeon, the after treatment is much easier, the time occupied in recovery much shorter, and the operation itself perhaps less difficult.

The following are the outlines of some of the cases operated on:—

1. Devah, Hindu, aged 50, admitted 19th March 1881, with cancer of the penis of six months' duration, involving the *whole* organ. Operated on in the manner above described on the 6th April 1881, and discharged well on the 23th of the same month.

2. Rungiah, Hindu, aged 65, admitted to hospital 11th December 1881, with cancer of the penis, involving the whole organ, of over one year's duration. Operation as above described, performed on the 12th December 1881, and patient discharged well on the 6th of February following. Recovery in this case was delayed in consequence of a little too much of the corpus

spongiosum having been left, which necessitated its being touched with caustic potash, and subsequently dressed with sulphate of zinc lotion.

3. Naujundiah, Brahmin, aged 45, admitted on the 27th April 1883, with cancer of the penis, involving the whole of the organ right up to the pubis, of one and half years' duration. This man came to hospital in April 1882, but refused operation. He was operated upon on the 1st May 1883; the wounds were perfectly healed on the 20th, and he was discharged on the 26th. To get a firm hold of the penis so as to be able to exert some traction on it, it was necessary to tie a piece of whipcord at the base for the purpose.

4. Hootcha Naik, Hindu, aged 58, admitted to hospital 6th June 1883, with a state of things similar to that in case 3. He was operated on in a manner precisely the same as the others, and is now (24th June,) within a few days of his discharge.

In some of the cases (all are not recorded here) it was necessary to draw off the urine after the operation, but in none was there any difficulty in introducing a catheter with the corpus spongiosum slit and sutured as described.

I claim no particular credit for the improvement introduced by me if it is original, and as far as I know it is so; nevertheless, I cannot say I was pleased at seeing a writer comparatively recently describe, in the *British Medical Journal* an operation similar to mine, and at the same time omit any mention of urine. One more remark. I have not as yet met with a case of cancer of the penis among Mahomedans, all mine have been in Hindus, and if absence of cleanliness and retention of irritating secretion be sufficient or exciting causes, it is easily understood, as Mahomedans are much cleaner in these respects.

Message, 24th June, 1883.

ON MALARIOUS URTICARIA.

BY A. NEVE, L.R.C.P. & S.E.

I use the above title rather as a suggestion than as implying any special variety of urticaria; and append the following notes in the hope of

eliciting facts and opinions from those who have had a wider experience.

During the last week the two following cases have come under my notice :—

A., a boy seven years old, European, in fair health but of weak digestion, was attacked by ordinary intermittent fever. It subsided under the use of diaphoretic mixture and salicylic acid. On the following day coincidentally with a slight rise in temperature a rash appeared over the chest and sides, with the usual characteristics of urticaria. This faded and recurred at irregular intervals. The fever ceased. Throughout there had been some diarrhoea, but the digestive disorder seemed in no way acute. On the day of the appearance of the rash anti-periodic treatment was continued; but on the following day small doses of rhubarb with alkalies were prescribed. On the third day the rash disappeared.

B., a European girl of 14 years, in good health previously, took fever the same day as A. The fever recurred on the 2nd day, but on the 3rd day she seemed well. On the following day there was again some fever, and simultaneously the cutaneous eruption appeared, covering the body and extremities. It subsided during the night, but re-appeared during the next day, unaccompanied by fever. In the night it finally disappeared. In this case there was no digestive disturbance, and the periodicity was marked. The only treatment was by laxatives. In both these cases the eruption was extensive; its favourite seats being the chest, sides, and extensor aspects of the limbs. It consisted of mottled dusky red patches, ill-defined. The surface of these was sprinkled with papules, and was very itchy.

The question as it occurred to me was one of treatment; should it be directed against some malarious taint, or to the state of the primæ viæ. I chose the latter alternative, and in two days both patients were well. The wider question is more important, however; what is the connection between the preceding and accompanying malarious fever, and the intermittent eruption of urticaria? Is the relation one of cause and

effect, or is there no relation, but merely a coincidence? In none of the text-books which I have consulted is there the least reference to the subject; yet according to Mons. Verneuil and Merklen* the connection is a frequent one.

Two cases afford no standing ground for a reliable opinion. My cases appeared to have a distinct relation to the fever at the beginning, and subsequently to be vicarious, replacing the fever at the same time, they both subsided without any anti-malarious treatment. The authors above quoted regard the eruption as directly due in most cases to the malarial poison, and when the fever is absent, call it 'masked urticaria.' Information seems to me needed in the following points:—Whether urticaria does not frequently accompany other non-malarial fevers; whether it is specially met with under conditions which favor intermittent fevers such as warmth and moisture; whether such fevers do not induce a derangement of digestion sufficient to account for the appearance of urticaria; and lastly, whether the use of diaphoretics may not be the direct cause of the eruption when it occurs in the course of fever.

These are points which experience alone can solve, and on which I would ask information from Indian physicians; and also whether a disease termed by the French authors 'suette miliare' and characterised as an epidemic fever of malarious origin, accompanied by pains in the limbs and a miliary rash (Jaccoud) has been noted in India?

*Kashmir Mission Hospital, }
10th September, 1883. }*

WASHING OUT THE UTERINE CAVITY.

BY SURGEON-MAJOR MCGANN, F.R.C.S. ED.,
Civil Surgeon, Mysore.

In washing out a uterus it is well to bear in mind that the injection of a fluid, however mild, and even of moderate quantity, may give rise to contraction of the body and cervix, with possible propulsion upwards, through the Fallopian tubes into the peritoneal cavity, of

* Reported *London Med. Record*, No. 97, art. 1076.