AN ACCESSORY RUDIMENTARY URETHRA.

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AIRCRAFTSMAN "T" exposed himself to infection on April 18, 1931, while on leave and used an E.T. outfit within an hour.

Noticing a discharge on April 23, 1931, he reported to, and was treated by, a civil practitioner till May 8, 1931, when he returned to duty and was admitted to a military hospital. There it was found that a small abscess had formed above the pubes and was discharging by a subdermal track opening dorsally proximal to the coronal sulcus. Intracellular gonococci were seen in smears taken. No smear could be obtained from the urethra.

![Fig. 1. - Before operation.](image1)

![Fig. 2. - After operation. A wedge has been introduced into the opening of the track.](image2)

The abscess was fomented and incised and irrigation of the track carried out through the incision. He was discharged to duty as cured after forty-two days.

On October 8, 1931, he was admitted to hospital suffering from gonorrhoea (relapse).

Urethrosopic examination showed no sign of infection, and smears taken by loop were blank. A purulent discharge containing gonococci was obtained, however, from the mouth of a track opening in the middle line on the dorsum proximal to the coronal sulcus. This track
extended to above the pubes where there was a small indurated abscess. As irrigation of the track was possible, routine treatment was carried out till smears showed occasional gonococci only.

On the nineteenth day (October 27, 1931) the area was anæsthetized by novocain and a probe passed. The probe did not travel beyond the abscess, but a fibrous thickening could be felt continuing like a cord from the abscess downwards behind the pubes.

The track was slit up to the abscess and the edges sutured back along each side. The lining of the lumen resembled normal urethral tissue. 1-10,000 hydrarg. perchloride was used in wet dressing. Salt packs were applied as a provocative, but no gonococci appeared again. The area healed quickly, a depression remaining from contraction at the abscess site and the patient was discharged to duty.

In the photographs will be seen a dimple on the dorsal rim of the glans—a vestige of the embryonic opening.

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OLD GUN-SHOT WOUND AND FOREIGN BODY COMPLICATED BY M. CATARRHALIS.

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Captain J. H., aged 38, was extensively wounded in the left thigh and abdominal wall by shrapnel in 1916. The wounds were not complicated by fracture or gas gangrene and healed completely.

The patient returned to duty on active service and since then he has served continuously in the Far East and other stations and has remained fit until this admission to hospital. He was admitted to the Military Hospital, Malta, on February 11, 1932, suffering from an abscess in the left thigh. On stereoscopic examination, a foreign body was seen situated internal and superficial to the femur.

At operation on February 15, 1932, the abscess was incised, about one and a half pints of thick white pus were evacuated, the foreign body (small piece of shrapnel) was removed and the abscess drained. The pus was sent to the Command Laboratory for examination and culture. The drain was removed on the third day and the cavity closed; the wound had almost healed by March 5, 1932, when the patient was discharged from hospital.