TREATMENT OF TUMORS BY PUNCTURES.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I write this letter in consequence of seeing the case of the lady with a tumor on the trachea, mentioned in the report of Dr. Warren in the last No. of your Journal, that of April 21st. I have derived, I believe from some past No. of your Journal, although the reference is not at hand, a very high opinion of treating tumors by a great number of superficial punctures. I have advised this treatment in hydrocele, and it has been attended with such speedy and complete success that I should be induced to try it on other tumors. My instrument for this purpose has been a couching needle. The punctures need only to be very superficial, so as to draw serum rather than red blood, but numerous. Should the suggestion have the effect of affording relief in a case which seems to be considered desperate, my object in this communication will be most fully and pleasingly answered.

I am, Sir, yours very truly,
Lebanon, Ct., April 26th, 1841.

JOSEPH COMSTOCK.

P. S.—The effect of iodine, which I have dissolved in spts. turpentine, will obviously be greater after puncturing, than when used on the sound skin. A case, as it would appear, similar to the one in question, was at the urgent solicitation of the patient operated on by Mons. Dupuytren, of Paris, after he had declined until applied to the third time. The woman, however, died the next day at evening. See N. Y. Medical and Physical Journal, Vol. I., p. 378; and London Medical Repository, for March, 1822, from which it was copied.

I once lost a colored boy, of about 10 years of age, with a disease which I was at a loss to determine. His head was thrown back, but without pain, and very little external swelling of the neck. I examined the body after death, and the only morbid appearance was found in the thyroid gland, which was enlarged, the whole of it diseased, and in a state of partial suppuration. He died from inanition, without any great difficulty of swallowing or breathing.

J. C.

MASSACHUSETTS GENERAL HOSPITAL.—SURGICAL CASES TREATED
 BY J. C. WARREN, M.D.

REPORTED FOR THE MEDICAL JOURNAL BY S. PARKMAN, M.D.

STRICTURE OF THE URETHRA—*Relief—Death by Apoplexy.*—A stout Irishman, married, without children, æt. 35, had been the subject of stricture for the space of fifteen years, aggravated at times, when he required the employment of the catheter for relief, though he has never undergone a regular treatment by bougies. Six years since was sounded in England, but no stone discovered. Disease has been much aggravated within the last four months. Has used the lithontriptic of Dr. Lee for the last five months, which, by his statement, was followed by a considerable sandy discharge, some specimens of which the patient at present possesses, and which, by an analysis of Dr. Gay, were found to be a mixture of the

triple phosphate of ammonia and magnesia, and the phosphate of lime.* He considers his state to have lately been considerably aggravated; the bladder has been distended, and he has had a constant dribbling of urine. Several unsuccessful attempts have been made to evacuate the bladder by a catheter.

He entered the Hospital March 31, and when first examined, he was confined to his bed, the abdomen distended at the lower part by an enlargement of the bladder, rising to the umbilicus, the urine passing by stillicidium constantly, and no voluntary evacuation being within his control. The collected urine deposited a thick mucous sediment, was small in quantity, and highly offensive. His person was in consequence offensive to the highest degree, rendering it almost impossible to touch him. He suffered considerable pain in the region of the bladder, along the penis and in the perineum.

In attempting to pass a bougie it was arrested at about five and a half inches from the meatus, was gradually insinuated through this obstruction, and again arrested at six inches from the meatus, beyond which point it could not pass; neither could a bougie of any size, nor any other instrument, be made to advance further.

He was bled, directed the use of the warm bath daily, and a regular employment of laxatives, and enemata if necessary; and to relieve the paroxysms of pain to which he was subject in the region of the bladder and perineum, he was ordered an opiate enema containing one drachm of tincture of opium.

It being impossible to make any impression on the stricture with the bougies, it was punctured in the direction of the canal at four different times, without giving pain or producing any discharge of blood, from the indurated and insensible sides of the stricture. After this a small bougie was passed into the bladder; and the cure was prosecuted by the occasional use of smooth sounds and simple bougies. The patient improved daily in passing his urine and in his general health. He sat up, walked about, enjoyed his food, and exhibited no remarkable symptoms. The urine became clear, free, and in ample quantity.

On the morning of April 21, he expressed himself as better than he had been for some years, and so continued through the day. In the afternoon a sound was passed without difficulty by the house-surgeon, as had been done two days before; and in the evening having some of his

* M. Civiale, in some late lectures upon the waters of Vichy, in France, which are alkaline and supposed to be possessed of lithontriptic powers, utterly repudiates any such idea. He considers the phosphates above mentioned to be deposited from the mucus of the bladder, inordinately increased in quantity from the irritation of the urinary organs. For example, stone is diagnosed in the bladder, the individual commences the use of Vichy water or any other reputed lithontriptic, the urine is closely examined, and a sandy sediment is discovered, which is hailed as the detritus of the stone; whereas it is merely a deposition, perhaps pre-existent, but not noted, from the mucus, secreted inordinately by the mucous membrane irritated by the presence of the stone, or perhaps by the very use of the supposed lithontriptic. Again, a person afflicted with a hard calculus, perhaps the mulberry, the tortures from which are intense, finds great comparative ease from the employment of one of these lithontriptics, and therefore flatters himself with the idea of its disappearance, while the stone is merely acquiring a coating of these *soft* phosphates. Or, a calculus taken from the bladder of a patient dying of some other affection, and presenting a hard nucleus with the external layers soft and friable, is exhibited as ocular proof of the solvent powers of these vaunted medicines. Whereas the real state of the case is as in the other instances. If it be possible to dissolve a stone *already formed*, the solvent might certainly be brought in contact with the stone more easily by a direct injection into the bladder, than by the circuitous route of the circulation. It is not denied that a gravelly diathesis may be counteracted; but this is done by constitutional remedies, founded upon a knowledge of the chemical constitution of the gravel, whether acid or alkaline.

usual pains in the region of the bladder, &c., accompanied with some slight shivering, as he had had frequently before, he got an opiate enema, with great relief. He continued thus comfortable till about half an hour after midnight, when he was suddenly, while in bed, attacked with apoplectic symptoms, and died the next morning, after eight hours' illness.

On examination of the body the following appearances presented.

The brain had externally an appearance of having undergone compression, the veins having been quite emptied of their blood. The membranes presented no appearance of deposited lymph; and the cerebral substance was not different from what is common. The ventricles were quite filled with water and enlarged to more than double their natural size. The quantity of water was between three and four ounces.

The pericardium contained about three ounces of transparent fluid. Both the ventricles were quite distended with dark blood in a fluid state. The heart was large. The veins of the aortic valves were cartilaginous. The lungs were quite healthy.

The stomach was excessively distended with flatus, and contained a quantity of undigested potatoe floating in a gruel-like fluid. The intestines were contracted in all the lower part of the abdomen, where they had been compressed by the enlarged bladder. Liver large—sound on the left side, indurated on the right, with an opaque serous coat. Spleen of usual size and sky-blue color. Kidneys large and in a state of hyperemia, particularly the left; and their pelves and calices enlarged and thickened. Ureters somewhat thickened. Bladder very much thickened, its muscular coat being developed in a remarkable degree; mucous coat very much thickened and fasciculated; capacity about a pint, containing thick, very offensive ammoniacal urine, and lined with a thick, tenacious mucus. No traces of stone or sand of any kind. Prostate gland three times its natural size; hard in the centre as cartilage—middle lobe not enlarged. At the mouth of the bladder lay a fold of mucous membrane. The urethra was diminished in calibre to a quarter of its natural size, from the mouth of the bladder to within six inches of the external meatus. At five and a half inches from the meatus was a membranous stricture, which had been perforated, but was perfectly healed, smooth and well. The *corpus spongiosum* and *corpora cavernosa* perfectly sound and healthy. On the outside of the first stricture was a *foramen cæcum*, formed by one of the lacunæ, which had frequently arrested the bougie and rendered it necessary to draw it back before passing it inwards.

The sudden death of the patient demands investigation, and we should naturally inquire, whether it arose from the disease; from the treatment; from the long use of an alkaline lithontriptic, or from pure accident.

He had been affected with a bad stricture for fifteen years, latterly accompanied with a permanent collection of water in the bladder, which was never wholly evacuated. Hence a constant weeping of urine, and an uncomfortable, offensive condition. His state was much improved, however. The bladder had diminished three quarters of the capacity it had when he entered the Hospital; the stricture was relieved; so that it should seem to be no close and direct connection between the disease and death.—The treatment was managed with great care and delicacy.

There was no blood produced by the instruments, no force employed, nor any unusual pain excited. The penetration of the stricture had been accomplished ten days before death. He required but little treatment afterwards; and on the morning before his attack was better than he had been for years.—It has been suggested that the long-continued use of an alkaline lithontriptic might have produced the thin and watery state of the blood which existed in this case, and thus disposed to serous exudations. We are not aware, however, that it has been found by actual observation or experiment, that the blood is thinned in the living body by the use of alkalis.—Lastly, that the death was purely accidental, seems improbable in the case of a man who had been fifteen years in a diseased state; and for a large part of this time without any perfect evacuation of the bladder.

On the whole, we are inclined to the opinion that the blood had been brought into a diseased state by the constant absorption of the stagnant contents of the bladder; that, in this condition of the blood, the natural sympathy we so often see exerted by the urinary organs upon the brain, produced the action which resulted in a serous effusion into the ventricles.

REPORT OF THE MEDICAL ATTENDANTS OF THE LATE PRESIDENT HARRISON.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—When are we to have a medical report of the case of the late lamented President of the United States? Will you inform those whose duty it is to furnish such a report, of the general and just expectation of the medical profession in New England, that it should be forthcoming? It cannot surely be intended that we should rest satisfied with the meagre account which has made its appearance, under the authority of the medical attendants, in the public newspapers. This account merely mentions the symptoms in general terms, but gives us none of the physical signs, and almost leaves us to infer, if such neglect were possible, that auscultation was not attended to in forming a diagnosis. The names of several of the medical gentlemen who signed the statement referred to, are favorably known in this quarter, and we especially regret not to see that of Dr. Sewall among the number. I trust we shall not be disappointed in receiving from so respectable and competent a source a full report, exhibiting the nature and progress of the disease, which has now clothed a nation in mourning, as well as of the morbid appearances discovered after death, if permission was given to examine the body.

April 26, 1841.

INQUIRER.

THREADS OF CAOUTCHOUC FOR SUTURES.—Thomas Nunneley, Esq., Surgeon to the Leeds (Eng.) General Eye and Ear Infirmary, recommends India rubber, drawn out into fine strings, as a superior article for ligatures in cases of wounds. For ligatures of vessels it is unsuitable.