Clinical Memoranda.

CAUTERIZATION BY NITRATE OF SILVER, TO RELIEVE PERSISTENT RETENTION OF URINE, DUE TO ENLARGED PROSTATE.

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So little attention has been given to operations upon the prostate gland, that it has become the almost universal custom for surgeons, in cases of retention of urine, due to enlargement of the third lobe of that organ, to employ only palliative measures, and dismiss the case without affording any permanent relief.

In this way, it seems to me, many lives are sacrificed which might be saved or at least prolonged, by the employment of some mild, and at the same time, radical mode of treatment.

Mr. F. Swinford Edwards, in his excellent article on Prostatectomy,¹ refers to "three operations" which may be employed "to relieve retention of urine, from obstruction at the neck of the bladder, whether prostatic or valvular."

1. Excision through a perineal incision.
2. Thermo-electric prostatotomy.
3. Mercier's operation or prostatectomy.

Not daring to attempt any one of these, and yet firm in the belief that the same object could be accomplished by less severe measures; I determined to try, in the following case, the repeated application of nitrate of silver, which, so far as I have been able to ascertain, has never before been employed for this purpose, and I was not a little surprised to receive such gratifying results.

J. W., farmer, native of Germany, was admitted to the Northampton Lunatic Hospital in April, 1880, suffering from chronic mania. The records show nothing of especial interest, until September, 1885, when one of his excitements occurred, during which he insisted upon going without food and sleeping on the bare floor.

One morning he was found to have retention of urine, and examination per rectum, showed a marked enlargement of the prostate. The usual course of treatment, to reduce the inflammation, was followed; but almost complete retention continued for nearly five months. He then began to have hysterical attacks, when an enormous amount of pale urine would be secreted, requiring the frequent use of the catheter, and causing him no little inconvenience.

The first of these occurred during the night, and although an attendant was within easy calling distance, he made no attempt to arouse him.

Distension of the bladder and acute nephritis followed. After this condition of things had been twice repeated, it became evident, that unless some more permanent relief could be afforded, his strength would soon become exhausted.

Among some old discarded instruments, which had formerly been used in the hospital, was one for applying astringents to the urethra, in cases of spermatorrhœa. It was about the size of an ordinary silver catheter, with an opening at the end, from which could be protruded, for about three-fourths of an inch, a female blade, and this being attached to a spiral wire, concealed in the male, could easily be rotated throughout the whole, or any part of a circle. On one

side of the extension, or female blade, was a slot about half an inch in length, evidently designed for holding some semi-solid material, to be applied directly to the affected part. Into this I poured a quantity of melted nitrate of silver, and when cold shaved it down to the size required, that it might be concealed during introduction. The instrument was passed into the bladder when it contained a considerable quantity of urine and withdrawn a short distance. To have the bladder partially filled was thought to be a necessary precaution, to lessen the liability of injury to the parts, in case any portion of the caustic should become detached). The caustic was then exposed by pushing on the ring. After allowing it to remain on the surface of the prostate a few seconds, it was rotated several times, then concealed in the male blade, and the instrument removed. A hard-rubber catheter, well warmed, was fastened in the bladder for a few hours. The cauterization caused but very little pain, and the slight tenderness about the perineum, lasted only a few days. The urine was drawn with a soft-rubber catheter as often as required, and the bladder washed, morning and night, with a three per cent. solution of glycerine and warm water. After five days the operation was repeated.

This time I neglected to fasten a catheter in the bladder, and although less than an hour elapsed before an attempt was made to remove the urine, the instrument was passed with considerable difficulty. Two more operations, making four in all, were performed at intervals of about five days, each one being followed by a marked increase in the size of the stream of urine. It was then found that micturition could be freely accomplished, and there being only a residuum of about an ounce and a half of urine, further interference was considered unnecessary. Six months have now elapsed, and there have been no troublesome symptoms whatever. The bladder has been frequently emptied and washed with a three per cent. solution of glycerine and warm water.

A CURIOUS CAUSE OF DEAFNESS.

BY DAVID COGGIN, M.D., SALEM, MASS.

DECEMBER 31st, 1885, Mr. X., a slightly-built, American, of about thirty-five years, came to the narrator with the following story: Three weeks before, he received a fist-blow on his neck, beneath the right ear, which rendered him insensible. His adversary was an unusually large and muscular man.

On recovering consciousness, he found he could not hear with his left ear. There had been great impairment in the hearing of the right ear, with an occasional discharge, for several years. He stoutly affirmed that he had always heard well with the left ear, previous to the altercation in which he was assaulted. The right drum membrane presented a small perforation in the inferior, posterior quadrant. No secretion. Watch heard at ten centimetres. The left drum seemed to be quite normal. Tube pervious. Tuning-fork heard in right ear only.

As malingering is always to be looked for in such cases, the writer's "stethoscope-test" for simulated one-sided deafness, was employed, but it only confirmed the patient's statement, that he was absolutely deaf in the left ear.

¹ Lancet, July 11, 1885, p. 57.

Neither vertigo nor pain had at any time been complained of.

Eight months later there had not been any change, save that the hearing was less acute in the right ear, owing to a recent catarrh.

Now, if, as seems probable, the hearing was good in the left ear prior to the blow, what caused its complete abolition?

Is not this a reasonable hypothesis, the *contre-coup* may have caused a total rupture of the *portio mollis*, thus producing deafness, while the firmer *portio dura* was not injured, of which, indeed, there had not been any symptoms.

The writer regrets that he has not been able to try the effects of a blow on a cadaver, which might have helped to settle this somewhat important question.

Reports of Societies.

SUFFOLK DISTRICT MEDICAL SOCIETY. SURGICAL SECTION.

S. J. MIXTER, M.D., SECRETARY.

MAY 5, 1886, DR. GEORGE W. GAY presiding.
DR. O. K. NEWELL read a paper on

INTESTINAL SUTURE.¹

In reply to Dr. Chadwick, the reader said that the stitches should be two to three mm. apart.

DR. CHADWICK spoke of the difficulty that he had experienced in introducing the sutures properly in the living subject, as it is difficult to be sure that the needle is through only the serous and muscular coat. The intestine is also very slippery, and the coats slide upon each other, still further increasing the difficulty of manipulation.

DR. GAY also spoke of the difficulty arising from thinning and stretching the bowel, owing to paralysis of its muscular coat.

DR. MIXTER spoke of the anatomy of the blood-supply of the intestine, and referred to observations of German surgeons, showing that if the intestine is separated from the mesentery for too great an extent, sloughing occurs. Hence, as much intestine should be excised as corresponds to the mesentery detached. Dr. Mixter also referred to the value of one or two provisional sutures in the abdominal wound, so placed that the intestine being operated upon is shut off from the abdominal cavity.

In answer to Dr. Gay, DR. NEWELL said that there was no reason for interrupting the continuous suture at two or more points, as it is not shown that it causes any stricture of the bowel. Dr. Newell showed pieces of human intestine, illustrating the methods of applying the various forms of suture, and also a dog, just killed, whose intestine had been resected and sutured in two places two months previously. The union in both places was perfect.

DR. H. W. CUSHING showed several animals on which various forms of intestinal suture had been performed, and gave a report of his results.

EXCISION OF THE ELBOW FOR INJURY.

DR. JOHN HOMANS showed a patient whose elbow-joint he had excised nearly three years before without

removing the condyles of the humerus. The operation was performed at the Massachusetts General Hospital, July 5, 1883. The patient, a railroad laborer, aged twenty-seven, had been struck by a train of cars, and had received a compound fracture of the left elbow, with extensive comminution of the radius and ulna, and severe crushing of the soft parts in the neighborhood. Two and a half inches of the radius and ulna were removed, and the rough ends of the fractured bones sawn off smoothly. All the periosteum was carefully preserved. The operation was performed under the carbolic spray, with all antiseptic precautions. The patient was discharged from the hospital October 13th, having at that time very good motion, but not much power to use the arm. Early in the following April, he resumed his work in a mill, where he was obliged to carry heavy bundles of wool, and he soon found that he could use his left arm about as well as he ever could, and for the same purposes, except that he could not put up a heavy weight. He has constantly gained strength, and now has a perfectly useful arm.

DR. H. W. CUSHING reported a case of

EXCISION OF ELBOW: LOCAL ANÆSTHESIA BY COCAINE.²

DR. J. W. ELLIOT showed a pair of ovaries that he had removed by laparotomy, together with the tubes. Before the operation the ovaries had been found much enlarged, prolapsed, and very tender. The patient had suffered from neurasthenia for several years, and had been under the treatment of Dr. James J. Putnam for more than a year. The operation was done as a last resort by the advice of Drs. Putnam and John Homans. The patient made a good recovery.

DR. JOHN W. PERKINS showed a specimen of

ANGULAR CURVATURE OF THE SPINE.

The specimen was from a woman about fifty years old, with no history. The diseased vertebræ, seven in number, occupied the upper dorsal region. The spines were distinct, the bodies coalesced into one piece, with no trace of inter-vertebral substance left. This piece was about twice the height of the adjacent bodies, and bent so as to form an angle of fifty-four (54°) degrees, about which the cord passed. At this point there was an increase in the peridural fat tissue, especially marked on the outside of the canal, where it formed a thick pad opposite the apex of the body, which projected into the canal. The cord itself showed no pathological changes, nor did the vertebræ, other than those above mentioned, there being no thickening, and no signs of any inflammatory deposit, recent or old.

DR. EDWARD T. WILLIAMS exhibited

AN APPARATUS FOR THE TREATMENT OF FRACTURED CLAVICLE.

Dr. Williams said that the chief defect with most forms of clavicle apparatus was that the humerus was not properly fixed. It is not enough, as the books teach, to carry the shoulder *upwards, outwards, and backwards*, for unless the humerus is also immovably secured, a constant motion of the fragments takes place, with resulting deformity and shortening. The apparatus exhibited was simply a new form of bandage for fixing the humerus.

¹ See page 1 of the Journal.

² See page 7 of the Journal.