Clinical Department.

THREE UNUSUAL SURGICAL CASES.¹

BY JOHN HOMANS, M.D.

I. STONE IN BLADDER IN A GIRL OF FIVE.

NUCLEUS, a very sharp-pointed pin, removed by lithotomy through the base of the bladder. Cure.

I saw on the 1st of March, 1894, in consultation with Dr. Hazelton, at Wellesley Hills, L. L., a stout, healthy girl, who had been suffering for some weeks from frequent and painful micturition. On examination with a catheter, a stone was felt in the bladder, and soon afterwards the patient entered the Massachusetts General Hospital. Urination was very frequent and agonizing, and was accompanied by screams. The urine contained pus, a large trace of albumin, uric acid, urate of ammonia and triple phosphate crystals. On March 23d the child was etherized and an attempt made to dilate the urethra and crush the stone with the lithotrite; but the stone was large, the bladder small, and it seemed to me more intelligent and more surgical to cut through the base of the bladder and remove the stone entire. I was very glad that I did so, for the pin that was the nucleus of the stone, might have been a difficult thing to have pumped out in the evacuator, and if it had not been removed, another calculus would have formed. The vagina was only large enough to admit my little finger, and using the finger as a guide, I cut upwards through the base of the bladder with a curved sharp-pointed bistoury upon the stone, and removed it with forceps through the opening. I washed out the bladder, and tried to sew up the vesical opening; but the vagina was so small that I could not pass the sutures intelligently, and I contented myself with placing a Sims self-retaining catheter in the bladder. The stone was ovoid in shape, one and a half inches long by one quarter of an inch in width, and weighed one hundred grains.

I should not have troubled the Society with the report of the case except for the very remarkable nucleus that the stone presented, and which accounted for the very frequent and painful attempts at micturition. From the smaller end of the stone projects the very sharp and polished point of a brass pin, and it was the pain caused by the pricking of the bladder, particularly when it contracted, that had given rise to the suffering and screaming. How the pin got into the bladder is a mystery, but probably the child herself inserted it in some way. In the course of a few months the opening spontaneously closed, and the child is now (April, 1895) robust and well.

II. REMOVAL OF A BRASS SAFETY-PIN FROM THE RIGHT PRIMARY BRONCHUS.

W. H., three years old, entered the Massachusetts General Hospital May 28, 1894. A week before, while lying on his back with a closed safety-pin in his hand above his face, he suddenly dropped the pin into his mouth. He choked, and his mother tried to remove the pin with her finger. He coughed somewhat, and his breathing became wheezy. His parents brought the child to the hospital, but would not leave him. On May 28th he entered the hospital, with rapid respiration and breathing with difficulty.

¹ Read before the Boston Society for Medical Improvement, April 29, 1895.

Attempts were made in the laryngological department to remove the pin which was seen in the larynx, but these attempts were unsuccessful. The child was etherized and an incision was made into the larynx, but the pin had gone downward. After considerable search the pin was extracted by means of long, curved forceps from the right primary bronchus. A tube was put in the trachea and the breathing became quiet. Convalescence was slow, but at the end of a month the child was discharged well.

III. LAPAROTOMY FOR ONE HUNDRED AND TWENTY CHERRY-STONES AND SEVENTY PRUNE STONES IN THE SIGMOID FLEXURE.

In the spring of 1893, Dr. Norris, of Cambridge, sent to the hospital a man, twenty-seven years old, suffering from frequent attacks of constipation and pain in the abdomen, which no treatment had relieved. He stated that ten years before, while in Denmark, he had eaten a great number of cherries and prunes and had swallowed the stones, and that none of them had passed through his bowels. He had consulted many physicians, but his statement about the stones had never been credited. On etherization a tumor was found in the right iliac region; and on succussion the rattling of small, hard bodies was heard. The abdomen was opened over the tumor, and the greatly distended sigmoid flexure came into view. Its walls were greatly hypertrophied, and the stones were plainly felt and heard within it.

In the left and central pelvic cavity was a hard and flattened tumor, surrounding and involving the lower part of the sigmoid flexure and the upper part of the rectum, estimated to be about seven inches long, by three inches wide, and two inches thick, and was considered by me to be a malignant growth involving the sigmoid flexure and its surroundings. It was impossible to make a resection. The bowel was brought out through the wound, a glass rod was passed beneath it, and the external wound closed above and below the gut. On the third day, that is, forty-eight hours later, the gut was opened and several stones came out. Much fecal matter and some stones were found at every dressing of the wound, and in the course of four days one hundred and twenty cherry-stones and seventy prune-stones were found. They were very black in color, but were otherwise unaltered.

I saw the patient in December, 1894, twenty months after the operation. He had gained flesh and strength, and was working every day. He uses a contrivance of his own to retain his feces.

I will not report the case more at length to-night, as it has been already published in the *Annals of Surgery* for 1894, Vol. XIX, p. 672.

Medical Progress.

REPORT ON RECENT CASES AT THE INFANTS' HOSPITAL, BOSTON.

BY T. M. ROTCH, M.D. AND A. H. WENTWORTH, M.D.

A DESCRIPTION of a few of the cases which have been treated at the Infants' Hospital during the past winter, with their autopsies, cannot fail to be of some interest.

CASE I. K. C., female, five days' old. Said to have been premature at eight months.