

piece of elastic webbing attached to each side, this being carried down and fastened to a waist-belt or bandage. Lastly, the method of feeding the patient is a matter of such practical importance that his life may be said to depend upon the plan adopted. There are four means of administering food to a patient whose pharynx is opened, a tube being used in all. This instrument has been passed into the œsophagus through the wound, by the mouth, and up the nostril. The fourth mode of sustaining the patient until the division of the pharynx is healed is by injecting the rectum. The obvious advantage of the latter proceeding is, that the act of swallowing, which necessarily disturbs the parts, is avoided altogether; whilst it will readily be conceded that the irritation set up in the fauces by the presence of the instrument, even if used in the least objectionable manner—namely, by the nostril—must be sufficient to interfere very injuriously with the process of reparation. It would be scarcely possible to conceive any surgeon passing the tube in through the wound, were it not that instances of this proceeding are on record; and the consequence has been, that no union was effected until the edges of the parts were vivified by the knife and brought into contact by position. As after laryngotomy and tracheotomy the wound has upon rare occasions left a fistulous opening, so is it recorded that the same circumstance has followed a cut throat. The plan of covering the opening with a small piece of skin from the neck appears to be a simple and successful mode of completing the final cure. The duty of restraining the first hæmorrhage in this case did not come under my notice; but I think it may be suggested, in conclusion, that no surgeon should ever be without a solution of the perchloride of iron. Its styptic power is so remarkable that I have myself stopped the hæmorrhage from a wound of the profunda femoris by its aid; and do not doubt that, with a pledget of lint saturated with this fluid and by pressure, even a wound of the carotid may be sufficiently controlled to give time for operative procedures.

Upper Berkeley-street, June, 1860.

ON

A CASE OF NUMEROUS CALCULI IN THE BLADDER OF A FEMALE.

By JOHN HUNTER, Esq., M.A.,

FORMERLY SURGEON TO ST. MARY'S HOSPITAL, MANCHESTER.

In the month of March last, I was consulted by Mrs. S—, aged fifty-five, of Robert-street, Ardwick, near this city, under the following circumstances:—She had been suffering from some urinary disease for the last five years, and which, at the time of her application to me, presented the undermentioned salient symptoms: Incontinence (not absolute) of urine; pain sometimes excessive on micturition; the urine much clouded with mucus, but without any calculous deposit, and it was acid. Together with these there were great emaciation and nervous prostration. The paroxysms of pain had lately become more frequent, and the general state of the patient had assumed a graver aspect. Having had recently under treatment two somewhat apparently similar cases, and which I had cured, I set down Mrs. S.'s case to be one of simple chronic cystitis, and adopted the line of treatment used successfully in the other cases—viz., tonics and antacid medicines, and nitary injections. I should state, that though I several times used a silver catheter for drawing off the urine, no calculi presented themselves, and not being searched for, did not become evident. In this the mistaken diagnosis consisted. Under the above treatment the symptoms gradually improved. There was no discharge of mucus, the pain ceased, the bladder was able to hold its contents for nearly three hours, and the general condition of the patient was greatly improved. I now suggested country air to recruit the strength, and she was on the eve of departure when I was surprised by being sent a calculus an inch long and a third of an inch wide, in character phosphatic, which, after several hours of agony, she had passed. On visiting her again, and introducing the catheter, the bladder seemed to be full of stones. All her former symptoms had returned in an aggravated degree, and the pain she was suffering was intense. The next day I introduced (having in the meantime exhibited palliatives), a piece of gentian root,—a hint derived from the French,—cut smooth to the exact size of the urethra. After being left in for twenty-four hours, the calibre

of the urethra was enlarged, so that the little finger could be introduced, and with a forceps I was able to get away a great number of small stones and *débris*. These were also of phosphatic formation. I repeated my efforts, the patient being under the influence of chloroform, on the two succeeding days, washing out the bladder with tepid water, but found that one stone resisted all attempts either to remove or crush it. Under these circumstances, and with the able assistance of my friend, Dr. Brabazon, I proceeded to operate in the following manner:—The patient being under the influence of chloroform, I introduced into the urethra a concealed bistoury, and made two incisions, right and left, towards the rami of the pubis. Not being yet able, by the additional space thus afforded, to get away the stone, I made a curved forceps, introduced through the urethra, project in the vagina, and cut upon it. Still, however, there was not sufficient room, the forceps grasping the stone being locked in the wound in attempts being made to withdraw it. At last I was obliged, with one cut, to throw the wound and urethra into one, when I was able to extract the stone, which is nearly the size of a hen's egg, and lithic acid in character. The after-treatment consisted in perfect rest, tying the knees of the patient together, strict cleanliness, tonic medicines, and good diet. There were no bad symptoms following the operation, the discharge from the wound gradually abated, the parts being left entirely to themselves, and in four weeks and two days after the operation,—namely, on the 31st of May, 1860, when paying my last visit,—the patient was found to be free from pain, the wound perfectly healed, no discharge, the urine quite healthy, and the bladder able to retain its urine for three hours. The general state of the patient was also quite satisfactory.

City-road, Manchester, July, 1860.

A Mirror

OF THE PRACTICE OF MEDICINE AND SURGERY IN THE HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

KING'S COLLEGE HOSPITAL.

OBLITERATED URETHRA FROM INJURY; THREE FISTULÆ
IN PERINEO; SATISFACTORY RESULTS FROM
TREATMENT.

(Under the care of Mr. FERGUSON.)

As illustrating some of the varieties of stricture and its consequences, we place upon record five examples in which the urethral canal was affected: in the first, from a severe injury; and, in the others, from former attacks of gonorrhœa. They were submitted to different modes of treatment, according to the necessities of each case, and with satisfactory results.

The first and following case well illustrates the difficulty experienced in closing perineal fistulæ which have resulted from external laceration of the urethra. They are oftentimes more difficult to manage than the most intractable forms of stricture arising from other causes. The canal was actually obliterated at the time of the patient's admission; yet he was discharged capable of passing his urine in the natural manner, but with a small fistula still remaining at the root of the penis.

For the notes of the case we are indebted to Mr. Francis Mason, the late house-surgeon to the hospital:—

J. H—, aged twenty-two, was admitted Dec. 15th, 1859. The patient is a healthy-looking seaman, and states that in the month of September, 1858, he was wrecked while at sea, and was struck on the perinæum by a large beam, lacerating the urethra, the urine passing by the wound for upwards of two months. About three months after the original wound in the perinæum had all but healed, he noticed three additional fistulæ in this region. These continued up to the time of admission into the hospital. On two or three occasions at the

time of his visit, Mr. Fergusson attempted, without success, to pass a catheter; and on the 21st of Jan., 1860, the patient having been narcotized, a No. 5 catheter was introduced and retained.

Jan. 30th.—Has gone on well since the introduction of the catheter, only having had one or two attacks of shivering.

Feb. 20th.—The urine came tolerably freely by the natural passage; but some still passes by the fistulous openings. He suffers considerable pain on micturition.

28th.—To-day Mr. Fergusson passed Nos. 6, 7, 8, and 10 without difficulty. An opening in the urethra was found this morning at the angle of junction of the root of the penis and scrotum.

29th.—The pain still continues when the patient passes urine, and was so severe last evening that he dreaded doing so; a catheter was therefore passed by the house-surgeon, and the urine drawn off.

March 6th.—Is going on very well; urethra in a much less irritable condition; fistulae all but healed, but the opening at the root of the penis still continues.

31st.—Mr. Fergusson determined to attempt to close the opening, and having pared the edges, brought them together with silver wires. An elastic catheter was introduced, and retained in the ordinary manner.

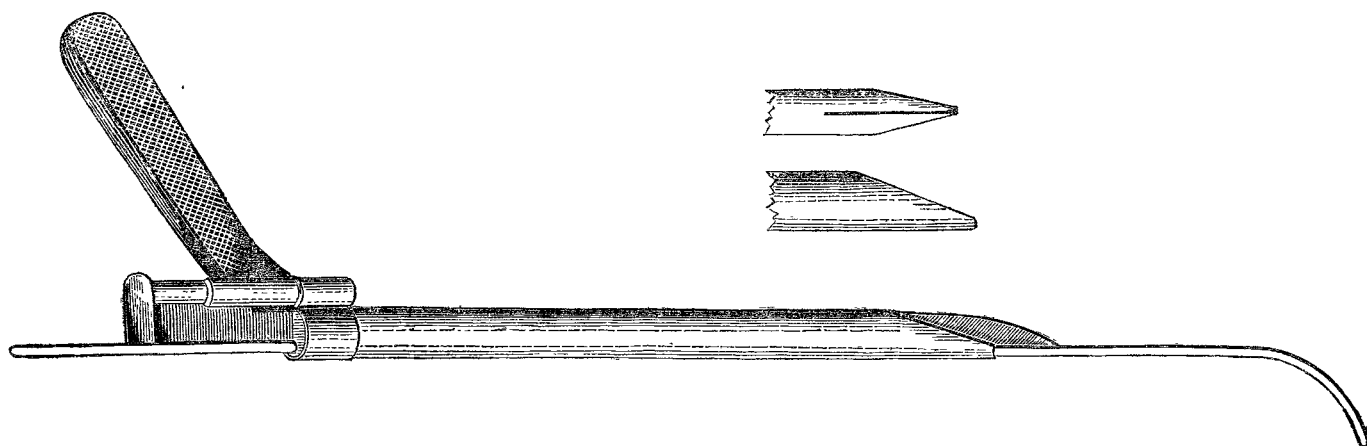
April 3rd.—The silver sutures have ulcerated through the skin; but the opening is decidedly less than before the operation. In other respects the patient is in a most satisfactory condition.

TWO CASES OF STRICTURE OF THE URETHRA SUCCESSFULLY TREATED BY THE URETHROTOME DILATOR.

(Under the care of Mr. Wood.)

Two cases of stricture of the urethra were operated upon by Mr. John Wood, on the 16th of May, with his new instrument, the "urethrotome dilator." The first of these cases was that of a man of about forty, who had been suffering from stricture for many years, and had never had a larger instrument than a No. 4 passed. The stricture was situated three or four inches from the meatus, and admitted a No. 2 catheter pretty readily. The second case was that of a gold-digger lately returned from California, where he first became afflicted with stricture, the result of gonorrhœa. In this case the urethra was very irritable, the stricture being situated in the most common locality—namely, at the junction of the bulbous with the membranous portion of the urethra. A No. 4 catheter was passed by Mr. Wood, after much careful manipulation.

The instrument which Mr. Wood has but very lately brought



under the notice of the profession combines the method of dilatation with that of the internal division of strictures, and consists—

1. Of a long steel staff, of about the calibre of a No. 2 catheter, grooved along its convexity, except for about two inches at its point, where it is curved to that extent.

2. Of a German silver canula, of the size of a No. 12, conical at its point, on the under surface of which there is a slit about half an inch in length. This canula is fitted with a convenient handle, fixed at an oblique angle.

3. Of a flat steel stilette, the point of which consists of a lancet-shaped cutting edge, about three-quarters of an inch long, working in the groove of the director by means of a thumb-plate and spiral spring.

The method of using this instrument seems to be simple and easy of application. The steel director is first passed through the stricture into the bladder, which fact may be ascertained by the urine trickling through the groove. The position of its point is always indicated by the groove, which is situated on the convexity of the instrument, and the short curve at its point allows it to be turned in any direction. The dilating canula is then slid over the director down to the stricture, which its conical point enters for a certain distance. Then the stilette is slid within the canula down the groove of the director, and on pressing the finger-plate at its extremity the cutting edge is protruded for about a quarter of an inch through the slit at the point of the canula, and still sliding in the groove in the director. It returns within the canula by the spiral spring in the handle extremity of the instrument. The dilating canula is now pushed on, and if it does not pass through the stricture, this may be scarified at its inferior, lateral, or even superior aspects, and the dilator pushed through it. The dilating and cutting portions of the instrument are now withdrawn, still leaving the original director. Over this again an elastic catheter is passed into the bladder, and the director withdrawn through it. In the two cases in which Mr. Wood operated, the instrument answered perfectly, the operation being performed without the aid of chloroform. In the first case there was no bleeding, and in the second only a few drops of blood escaped. Little pain was experienced by the patients, who walked home shortly afterwards, suffering little uneasiness.

Mr. Wood, in his remarks after the operations, made reference to the relative value of his instrument with those for the internal division of strictures from behind, in which a comparatively large sized instrument must be passed through the stricture before scarification can be had recourse to. He said that the chief recommendations of the urethrotome dilator were—1. The safety with which it might be used. 2. That the cutting portion of the instrument would only cut the indurated and contracted tissues of the stricture, and only just sufficient for the passage of the dilating canula. 3. That all previous dilatation of the stricture became unnecessary. 4. That it affords a ready means of combining dilatation with limited section of the stricture.

May 19th.—The second patient presented himself to-day, having suffered scarcely any inconvenience from the operation, since which the urine has been passed more freely, and in a larger stream. A No. 8, then a No. 9, and finally a No. 10 catheters were passed with ease.

The particulars of these two cases were furnished by Mr. Chas. S. Mathews, assistant house-surgeon to the hospital.

CHARING-CROSS HOSPITAL.

PERMANENT STRICTURE OF THE URETHRA OF LONG STANDING, WITH PERINEAL FISTULA, TREATED BY DILATATION WITH BOUGIES.

(Under the care of Mr. CANTON.)

A STEADY perseverance in the use of dilatation by means of bougies, in the following case, not only relieved an old stricture, but nearly closed up a fistula of the perinæum; indeed, when we last saw the patient it appeared almost obliterated, and his general health had very much improved. The notes of the case were furnished by Mr. W. Travers, house-surgeon to the hospital.

Charles C—, aged thirty-six, labourer, of intemperate habits until about ten years ago, since which time he has lived a very regular life. Found no obstruction in passing urine