

I.

CASE OF DISEASED URETHRA, WITH
RETENTION OF URINE.*Extraordinary Measures adopted
by M. Roux.*

ON the 22d of April, an old man was admitted under the care of M. Roux. The case of this patient, already sufficiently severe, presented a character still more serious and important, in consequence of the extraordinary measures resorted to by the surgeon for its relief. M. Roux, on questioning the man, discovered that he had only once had a gonorrhœa in his youth, but that the water had been passed with difficulty for some time; that he had neglected what he had considered only as an inconvenience, but that, within the few last days, there had been a complete retention. Not only did the urethra appear much contracted, but it was evident that the canal had undergone a rupture (neither the seat nor extent of which could be determined), since there was a urinous abscess developed in the perineum. The first indication, of course, was to pass the catheter, and to draw off the urine contained in the bladder; but after many attempts with various instruments, this was found to be impossible, and, considering M. Roux's dexterity, he had great right to presume that any other person would equally have failed. However, in examining the patient

carefully, the tumor observed in the hypogastric region was thought not to belong entirely to the mere distention of the bladder: it was not globular, smooth, and resisting; on the contrary, it was very irregular; it extended upwards towards the right flank; it was besides soft, and a certain fluctuation was perceptible. In consequence of this, M. Roux, although he had discovered the existence of stricture in the urethra, and consequently of a considerable increase in the size of the bladder, fancied that this tumor was a purulent collection, first originating in the cellular tissue of the perineum, but communicating with that of the pelvis, and extending to the right flank. One other circumstance seemed to strengthen this opinion, which was, that whilst attempts were made to pass the catheter, a bloody pus escaped by the upper end of the instrument, and on pressing the perineum, a still larger quantity escaped. There was nothing to exclude the idea of a communication between the two tumors. M. Roux, agitated by these suppositions, was uncertain as to what line of conduct he should adopt; certainly the most obvious and simplest plan was to penetrate into the bladder by the natural passage, but unluckily he had been unable to accomplish this, notwithstanding all his address. It appeared certain that the extremity of the catheter penetrated into the

perineal abscess ; the continual escape of the pus proved this. Obligated to abandon all his efforts in that direction, and leaning to the opinion that the hypogastric tumor was an abundant collection of pus, he decided upon making an opening into the abdomen. He afterwards said, that had he been well convinced that this tumor was merely the bladder in a state of distention, he should have been content with simply puncturing it ; but he feared (should that not be the case) to wound the bladder unnecessarily. He therefore wished not to open the bladder, and yet he made an incision two or three inches long, in the parietes of the abdomen, parallel to the linea alba, and immediately above the pubes. He divided the parts layer by layer, so as only to involve the abdominal parietes ; but such was the size of the bladder, and its adhesion to those parietes (as he said) that his instrument passed at once into its cavity. Immediately an abundant discharge of fluid ensued, which was recognized as urine tinged with blood ; there was, therefore, on this side, only the common result of a complete retention of urine ; however, the opening was enlarged, so as to permit a gum elastic catheter of a very large size, to be introduced and left in the bladder. Some trials of rather a singular nature were then made : not only was an instrument again introduced into the urethra in the ordinary manner, but, as the finger of the operator, inserted through the wound he had made, was able to reach the neck of the bladder, it struck him to pass a catheter in this direction also : it was guided by the finger into the neck of the bladder, and having passed a certain space, probably the prostatic

portion, it also was stopped by the stricture. The operator, therefore, held two catheters at the same time ; one reaching from the orifice of the penis to the stricture, the other from the wound in the abdomen, through the neck of the bladder, to the same spot ; and thus he could appreciate, in some degree, he said, the space contained between the two extremities of the instruments. Such was the first result of this severe and long operation. The patient was then permitted to rest until the next day, the 23d.

On that day, M. Boyer examined the patient, and he thought it necessary, as well as M. Roux, with the double intention of opening the perineal abscess and giving a more favorable issue to the urine, to make a large incision of the integuments parallel to the raphe, below the testicles, and thus to open the urethra. This incision was therefore made by M. Roux, who after having passed a catheter by the wound in the abdomen, thought he felt the point sufficiently to enable him to make it a guide for the rest of the operation ; that is, for the incision into the urethra. This was a conductor rather of a novel species : a very large-sized gum elastic catheter was finally pushed, by this new passage, into the bladder ; and as that was considered sufficient, the other was withdrawn.

About an hour and a half after the operation, a pretty considerable hemorrhage took place from the wound in the perineum. M. Boyer was still in the amphitheatre, and he discovered that the bleeding proceeded from a small arterial branch of the internal pudic : it was readily seized by the forceps, and secured. From that time the urine chiefly flowed through the

catheter, and very little was observed at the upper orifice; nevertheless, considering the man's age, the loss of blood, and the severity of the operations he had undergone, there was nothing encouraging in his condition. On the 24th, at five o'clock in the evening, the patient died, his state of tranquillity being only disturbed, two hours previous to his death, by delirium.

Necropsy.—The body externally was remarkably thin, and the abdomen greatly tumefied, from which, when opened, a great quantity of fœtid gas escaped. The anterior parietes, divided transversely about the navel, was turned down towards the pubes. The peritoneum presented scarcely any trace of inflammation, with very little serum, or redness, and no false membrane. The anterior parietes of the bladder adhered to the abdomen above its ordinary connexion, and the incision had penetrated at once into that viscus. M. Boyer himself, having sawn through the pubes, removed all the parts, including the rectum: he afterwards prolonged the incision made during life, to the anterior part of the bladder, and a little pus was observed disseminated between the peritoneal and muscular coats; this latter was greatly thickened, so as to be five or six lines thick. In the interior it presented thick fleshy columns, resembling those of the heart; between these columns were large cells, especially towards the bottom of the bladder. All the neighborhood of the wound in the abdomen was filled with coagulated blood. M. Boyer, with the help of a grooved sound, divided the upper part of the urethra from behind forwards,

and the following particulars were observed:—The prostatic portion was sound, the prostate itself only presenting those small connexions found generally in old men; but the bulb of the urethra was the seat of the disease. An irregular opening was situated on the right side, communicating with the abscess of the perineum. The incision made by M. Roux was before the stricture, or rather the closing of the urethra, which extended for about an inch. The rest of the canal was sound. The abscess occupied but a short space, and the cellular membrane in its vicinity was indurated.—*La Clinique, 28 Avril.*

II.

LIGATURE OF THE COMMON CAROTID.

The following case of the successful application of a ligature to the common carotid, for the purpose of arresting hæmorrhage from a wound in the artery passing through the parotid gland, has been recently reported in the *Journal Hebdomadaire*. It was performed at a hospital in Lisbon, where the art of surgery is cultivated with boldness and success. In the same hospital, the iliac was recently tied for an aneurism in the groin. The ligature, which was of catgut, was left in the wound. The result of this case, also, was successful, the patient having been discharged on the 85th day.

E. DUARTE, æt. 44, of middle stature and sanguine temperament, addicted to spirits, was admitted into the Hospital St. Joseph at 7 o'clock in the evening, Feb. 27th, 1825, having a wound about fourteen or fifteen lines in