

to overthrow the conviction ripened by a succession of intelligent observations, that pneumonic and pleural effusions yield dulness on percussion, increasing to flatness with the progress of the mischief, yet it may be safely asserted that they are exceptions to the rule; and that the exceptions, thus pointed out, are quite as important as the rule itself, in arriving at an early and demonstrative diagnosis in pneumonia and pleurisy. Dr. Markham's concluding remarks are eminently practical, touching pneumonia:—

“In certain cases of pneumonia, *if not in all*, when the consolidation of the lung has reached a certain stage, *but not yet that of hepatization*, the percussion sound over the affected part, so far from being duller, is *actually clearer than natural*. The error of diagnosis into which a misinterpretation of this fact may lead the physician, is manifest enough; it may induce him at a critical period of the disease, viz., when the lung is on the eve of complete consolidation, to prognosticate a commencing return to its healthy condition.”

So in pleurisy, let the patient lie horizontal upon his back, and this percussion tympanitis will unerringly herald the first approach of effusion within the cavity, while the dulness and flatness linger to announce only the sorry fact of the partial or complete collapse and consolidation of the lung.

A SURGICAL CURIOSITY.

[Communicated for the Boston Medical and Surgical Journal.]

FEB. 19, 1861, I was requested to visit N. W., of A., who, I was informed, had been in extreme suffering for ten days, in consequence of some foreign body in his bladder. I found my patient to be a bachelor, aged about fifty years; and from him and his attending physician obtained the following history of his case. About ten days previous to my visit, he had introduced into his urethra a piece of a common tobacco pipe-stem, for the purpose of relieving a strangury, which, the patient said, he had frequently done before; and although he had attached to the end of the pipe a string, yet from some unexplained carelessness, it escaped from his hold, and from subsequent injudicious manipulation, it had found its way, with the pipe-stem, into the bladder.

The scrotum and penis were enormously enlarged, and their whole surfaces, as well as those of the adjacent parts, had become very much discolored: they were evidently infiltrated with urine, and from a minute opening near the perinæum there was a constant weeping of that fluid.

The pulse was feeble, and the patient was completely prostrated from the long-continued suffering he had undergone—he having resisted the oft-repeated recommendation of his medical adviser to send for counsel, in reference to an operation.

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Upon introducing a sound into the bladder, the piece of crockery was detected, but appeared to be immovable; and as no other course appeared to be left, it was determined to subject him to the usual operation of lithotomy. With the assistance of Dr. Field of Bangor, and Dr. Bachus of Amherst, the patient was brought under the full influence of ether, and secured in the usual manner. The bladder was then reached by the median (Allerton's) operation, and upon the introduction of the finger, it was found that one end of the pipe-stem had penetrated the left side of the bladder to the extent, as I afterwards discovered, of two inches. Fearing that if I crushed the pipe, it might break outside of the coats of the bladder, beyond my reach, making the case a much more desperate one than it even then was, I concluded, at the risk of wounding the opposite side of the bladder, for the cyst was empty and contracted, to attempt to withdraw it entire. Holding the *stem* by a pair of slender ball forceps in one hand, I was enabled, by the alternate motion of that and the finger of my other hand, pressed against the inside of the bladder, to relieve the *stem* from its fixed position and remove it. It was of large size, being 1 1-4 inch in circumference, and 3 1-8 inches long.

I was surprised at the ample room which this new mode of operating afforded; and I have no doubt that a very large calculus could have been readily extracted. The infiltrated parts were scarified, and the false passage was traced to the middle of the urethral canal, the coats of which were found to be torn, and in a state of sphacelation. An elastic catheter was introduced, and intended to be kept in the bladder for some days, to prevent any accumulation of urine from taking place. The patient was then placed in bed with pillows under his knees, and an opiate given. From the wound in the left side of the bladder, and the probable escape of the urine into the peritoneal cavity, a favorable prognosis could hardly have been anticipated; but the result has shown us how wonderfully active the curative powers of Nature are in protecting the body from the complicated lesions of injuries, especially when assisted by judicious treatment. For this latter aid, the sole credit is due the attending physician, Dr. Bachus, who writes me that although much of the integuments of the scrotum and adjoining parts have sloughed off, yet the wound is granulating rapidly; the patient's general health is good; his appetite is keen; he is free from any constitutional irritation, and "his entire recovery is now beyond a doubt."

The singularity of this case is enhanced by the fact, that it is the second of the kind that has occurred in the same vicinity within a few years—Dr. Rich, of this city, having successfully extracted a leather string from the bladder of another bachelor, a few miles distant from the subject of this case; but whether this apparent enemy depends upon moral, *celestial* or physical *miasm*, we will leave for speculative philosophers to determine.

Bangor, Me., March, 1861.

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