

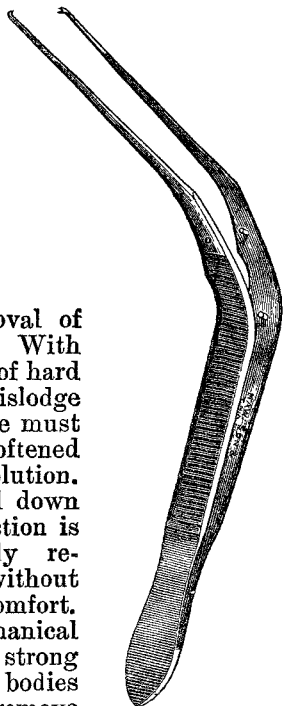
NEW AURAL FORCEPS.

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FOR some years I have used an improved form of ear forceps, made for me by Messrs. Maw, Son, and Thompson, which I have found very convenient and useful for the various purposes for which such an instrument is required; and I therefore now bring it before the notice of the profession. It is much lighter than any I have yet seen, and from its peculiar form it can be applied even through a good-sized speculum. When in use it lies along the sides or floor of the canal, therefore it interferes but little with the axis of vision and facilitates the removal of anything the operator may desire. With it I have frequently removed plugs of hard cerumen which I had failed to dislodge with a syringe, and which otherwise must have waited until they had been softened by the application of some alkaline solution. If the points are gently insinuated down the sides of the meatus, slight traction is generally successful in promptly removing the whole mass and without causing the patient any discomfort. Though weak and acting at a mechanical disadvantage, the instrument is strong enough for the removal of foreign bodies which it is thought advisable to remove in this way, for it is certain that powerful instruments or much force is seldom necessary; indeed, as a rule, they are not only awkward but mischievous.

Tunbridge Wells.

A Mirror
OFHOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

PYELITIS (TUBERCULAR?) WITHOUT VESICAL DISEASE;
CONSTANT VESICAL PAIN REMOVED BY DRAINAGE
OF THE BLADDER THROUGH A PERINEAL
APERTURE; REMARKS.

(Under the care of Mr. BERKELEY HILL.)

IN certain cases of pyelitis, usually of tubercular origin, most of the patients' sufferings are due to constant irritation of the bladder. The following is an instance of the relief which follows continual drainage of that organ through a perineal fistula containing a tube wide enough to permit of immediate evacuation of the irritating pus and urine as they arrive from the ureters. Drainage of the bladder by cystotomy has been occasionally employed for thirty years by surgeons in Europe and in the United States to cure obstinate cystitis,¹ and attention has lately been again drawn to the expediency of opening the bladder for the purposes of searching its interior or of draining it in cases of obstinate cystitis or of severe pain in the bladder.² In the case about to be related drainage was obtained without dividing the neck of the bladder itself. The importance of this point was in-

sisted upon by Sir H. Thompson in the paper of which the title is appended.

H. H.—, aged thirty-two, was admitted into University College Hospital a second time on Oct. 12th, 1881. In 1879 he had been an out-patient under Mr. Godlee's care, suffering from painful, very frequent micturition. The pain was referred to the symphysis pubis, and was relieved by voiding urine. But it recurred every one or two hours, or as soon as one or two ounces of urine had collected. The man was pale and meagre, but otherwise free of objective symptoms. The lungs were clear; the urine acid and clear, and free of albumen; the urethra of normal width; the passage of a sound over the prostatic part caused a sharp burning pain, but the bladder otherwise indicated nothing abnormal. The prostate was not enlarged or tender, nor could the vesiculæ seminales be distinguished. The cords, epididymes, and testes proper were quite healthy. No pains were referred to the loins at this period. Rest and anodynes reduced the pain, and the man returned to work. In 1880 he was admitted to the hospital with considerable increase of his former symptoms. He complained in addition of aching in the left loin. There was also tenderness in the left renal region. The urine, still acid, contained pus in considerable quantity. Exploration of the bladder gave the same negative result as before. Continuous drainage through the retained catheter was complained of; washing out and the use of various injections were therefore substituted. Some intermission of the pain followed this treatment, and the patient left the hospital. He was lost sight of until October, 1881. He then micturated every quarter of an hour, both by day and by night. Pain was felt for a few seconds after micturition along the penis, and aching pain had been constant for the last few weeks in the left loin, being worse during micturition. Since October 2nd he had had constant hæmaturia. At first quite purple, the urine became gradually light red; its condition on admission was uniformly coloured throughout the flow. There was also much pus in the urine, and it was ammoniacal. The patient had lost flesh greatly, but was free from cough and night-sweats, and had never spat blood. There was some dulness of the right lung below the clavicle, and a few moist râles in the supra-spinous fossa. Careful examination discovered no morbid condition of the urino-generative organs, except the kidneys, and even when the patient was anæsthetised no lumbar tumour could be felt. After lying in bed a week the patient lost the blood from his urine for a short time; it then returned in the shape of clots. The fetor and pus continued. The passage of a large clot caused much pain; but, on the other hand, its exit left an interval of painlessness. During November the pain increased, and was often referred to the pubic region instead of the left loin, and occasionally to the right loin. The urine, in spite of regular washing of the bladder, remained foul, loaded with pus, and nearly always containing shreds of blood-clot. The patient rapidly lost strength; his temperature varied between 100° and 104°; his appetite went and bedsores appeared.

On November 30th the patient was etherised and his abdomen carefully explored, but without detecting a renal tumour. A staff for mesial lithotomy having been passed, the urethra was opened behind the bulb, and the finger passed into the bladder. No tumour, nor even roughness, could be distinguished on the mucous membrane, of which the whole surface was easily searched by the finger when the apex of the bladder was pushed downwards. A lithotomy tube was tied in. Immediate relief followed the operation, and the calls to micturate, which had been almost constant for many months, ceased at once. In a few days the lithotomy tube was removed, with the result of reviving the old penile and suprapubic pain and spasmodic desire to micturate. To prevent this, a soft rubber tube, just long enough to reach the interior of the bladder, and mounted with a shoulder at the perineal end, was introduced, and gave immediate relief. It was continuously worn for several months.

The patient's general condition steadily improved. His appetite returned, and he slept well, and soon his bedsores healed sufficiently to allow him to sit upright. This posture he found most agreeable, as it ensured the most rapid evacuation of urine. In a few weeks he could shuffle about the ward, wearing a woman's urinal. Though the patient gained flesh and strength, and was wholly free from pain for days together, his lumbar pain, now on one side, now on the other, returned for some hours occasionally. During these attacks the temperature would rise to 102° or 103° F.,

¹ The Medical Record of New York, June 12th, 1880, contains an excellent historical summary of thirty-two cases of cystotomy in the male, by Dr. Robert F. Weir.

² See papers read before the Medical and Chirurgical Society in 1882, by Mr. Reginald Harrison, Mr. Berkeley Hill, Sir Henry Thompson, and published in the Transactions.