

During the following four weeks this covering never became detached. Fresh pieces of lint soaked in carbolic acid were occasionally added to it, and the surface was daily moistened with the solution above named. A few drops of serum occasionally oozed from the edge of the lint, but not a drop of pus. At the end of four weeks the covering was removed, disclosing a round, superficial ulcer, half an inch in diameter, which in a couple of days was covered with a firm scab. There is now (Oct. 26th) firm union of the bone.

From the beginning to the end of this case there has been no constitutional disturbance, and in every respect the patient's condition could not have been better had the fracture been simple.

#### PUNCTURE OF THE BLADDER ABOVE THE PUBIS.

By JOHN H. MACKIE, M.D., of New Bedford.

[Communicated for the Boston Medical and Surgical Journal.]

SEEING in your JOURNAL of this week a successful case of puncture of the bladder through the rectum, I am induced to report a successful case of puncture of the bladder above the pubis, that has just occurred in my own practice. Sunday, Oct. 13th, at 9 o'clock, P.M., I was invited by my friend Dr. C. L. Swasey, of this city, to see with him a patient suffering under retention of urine from an impassable stricture. The patient, a Scotchman, aged about 40, was a man of good constitution and habits, but had been indulging in a slight excess in drinking. At the time I saw him, about thirty hours had elapsed since he passed urine. Dr. S. and myself tried in vain to pass a catheter, and as the bladder was *enormously* distended, we decided to puncture. Believing that the bladder had risen so high in the abdomen as to preclude all danger of wounding the peritoneum, I plunged a medium sized trocar and canula into the bladder, immediately above the symphysis pubis. Before the urine had ceased flowing through the canula, I passed into the bladder, through the canula, a small gum catheter, withdrawing the canula over it, and leaving the catheter in the bladder, placed the patient on his side, gave him a good dose of morphine, and left him for the night. The next morning I found him perfectly free from pain; and in the course of the day he passed urine by the urethra. The next morning, Oct. 15th, I removed the catheter, and yesterday morning, 16th inst., found him "up and dressed." To-day, the external, and apparently the internal, wounds have healed, he passes urine naturally, and is discharged, with a recommendation to have his stricture treated by dilatation. During the case, no medicine was given, except morphine. He was kept in a recumbent posture, and allowed to take nothing except "meal gruel," flaxseed tea, and cold water.

New Bedford, October 19, 1867.

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