

## Clinical Memoranda.

### CAUTERIZATION BY NITRATE OF SILVER, TO RELIEVE PERSISTENT RETENTION OF URINE, DUE TO ENLARGED PROSTATE.

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So little attention has been given to operations upon the prostate gland, that it has become the almost universal custom for surgeons, in cases of retention of urine, due to enlargement of the third lobe of that organ, to employ only palliative measures, and dismiss the case without affording any permanent relief.

In this way, it seems to me, many lives are sacrificed which might be saved or at least prolonged, by the employment of some mild, and at the same time, radical mode of treatment.

Mr. F. Swinford Edwards, in his excellent article on Prostatectomy,<sup>1</sup> refers to "three operations" which may be employed "to relieve retention of urine, from obstruction at the neck of the bladder, whether prostatic or valvular."

1. Excision through a perineal incision.
2. Thermo-electric prostatotomy.
3. Mercier's operation or prostatectomy.

Not daring to attempt any one of these, and yet firm in the belief that the same object could be accomplished by less severe measures; I determined to try, in the following case, the repeated application of nitrate of silver, which, so far as I have been able to ascertain, has never before been employed for this purpose, and I was not a little surprised to receive such gratifying results.

J. W., farmer, native of Germany, was admitted to the Northampton Lunatic Hospital in April, 1880, suffering from chronic mania. The records show nothing of especial interest, until September, 1885, when one of his excitements occurred, during which he insisted upon going without food and sleeping on the bare floor.

One morning he was found to have retention of urine, and examination per rectum, showed a marked enlargement of the prostate. The usual course of treatment, to reduce the inflammation, was followed; but almost complete retention continued for nearly five months. He then began to have hysterical attacks, when an enormous amount of pale urine would be secreted, requiring the frequent use of the catheter, and causing him no little inconvenience.

The first of these occurred during the night, and although an attendant was within easy calling distance, he made no attempt to arouse him.

Distension of the bladder and acute nephritis followed. After this condition of things had been twice repeated, it became evident, that unless some more permanent relief could be afforded, his strength would soon become exhausted.

Among some old discarded instruments, which had formerly been used in the hospital, was one for applying astringents to the urethra, in cases of spermatorrhœa. It was about the size of an ordinary silver catheter, with an opening at the end, from which could be protruded, for about three-fourths of an inch, a female blade, and this being attached to a spiral wire, concealed in the male, could easily be rotated throughout the whole, or any part of a circle. On one

side of the extension, or female blade, was a slot about half an inch in length, evidently designed for holding some semi-solid material, to be applied directly to the affected part. Into this I poured a quantity of melted nitrate of silver, and when cold shaved it down to the size required, that it might be concealed during introduction. The instrument was passed into the bladder when it contained a considerable quantity of urine and withdrawn a short distance. To have the bladder partially filled was thought to be a necessary precaution, to lessen the liability of injury to the parts, in case any portion of the caustic should become detached). The caustic was then exposed by pushing on the ring. After allowing it to remain on the surface of the prostate a few seconds, it was rotated several times, then concealed in the male blade, and the instrument removed. A hard-rubber catheter, well warmed, was fastened in the bladder for a few hours. The cauterization caused but very little pain, and the slight tenderness about the perineum, lasted only a few days. The urine was drawn with a soft-rubber catheter as often as required, and the bladder washed, morning and night, with a three per cent. solution of glycerine and warm water. After five days the operation was repeated.

This time I neglected to fasten a catheter in the bladder, and although less than an hour elapsed before an attempt was made to remove the urine, the instrument was passed with considerable difficulty. Two more operations, making four in all, were performed at intervals of about five days, each one being followed by a marked increase in the size of the stream of urine. It was then found that micturition could be freely accomplished, and there being only a residuum of about an ounce and a half of urine, further interference was considered unnecessary. Six months have now elapsed, and there have been no troublesome symptoms whatever. The bladder has been frequently emptied and washed with a three per cent. solution of glycerine and warm water.

### A CURIOUS CAUSE OF DEAFNESS.

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DECEMBER 31st, 1885, Mr. X., a slightly-built, American, of about thirty-five years, came to the narrator with the following story: Three weeks before, he received a fist-blow on his neck, beneath the right ear, which rendered him insensible. His adversary was an unusually large and muscular man.

On recovering consciousness, he found he could not hear with his left ear. There had been great impairment in the hearing of the right ear, with an occasional discharge, for several years. He stoutly affirmed that he had always heard well with the left ear, previous to the altercation in which he was assaulted. The right drum membrane presented a small perforation in the inferior, posterior quadrant. No secretion. Watch heard at ten centimetres. The left drum seemed to be quite normal. Tube pervious. Tuning-fork heard in right ear only.

As malingering is always to be looked for in such cases, the writer's "stethoscope-test" for simulated one-sided deafness, was employed, but it only confirmed the patient's statement, that he was absolutely deaf in the left ear.

<sup>1</sup> Lancet, July 11, 1885, p. 57.