

Clinical Notes, Suggestions, and New Instruments

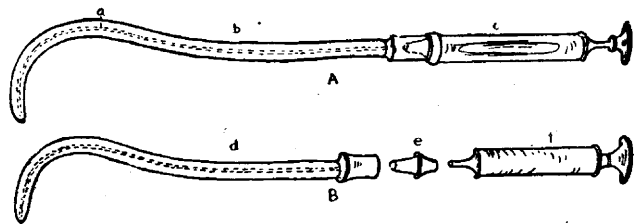
AN IMPROVEMENT ON THE BANGS SOUND SYRINGE

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The Bangs sound syringe is practically a combination of sound and syringe. It consists of a series of sounds through the center of which is bored a small tunnel, just large enough to hold about 20 minims. The end is so constructed that the universal syringe can be applied to any of the sounds.

The instrument would be ideal were it not for the fact that the syringe has the old fashioned leather packing, which must be renewed every few months.



A, Bangs' sound syringe: a, inner tunnel; b, sound; c, Bangs' syringe. B, modification whereby Bangs' sound (d), through the medium of the adapter (e), may be used with a Luer syringe (f).

To avoid this, I have devised an adapter which fits into any of the sounds, but the other end of which is so shaped as to fit into any size Luer all glass syringe. With this adapter it is possible to use the Bangs sound with a Luer syringe.

It would be well if in future the end of the sounds would be shaped like the adapter here presented, so that they may be used directly with the Luer syringe. Since, however, most genito-urinary specialists are at present in all probability in possession of a series of Bangs' sounds, which it would be unwise to discard, the adapter, which is inexpensive, will be found very useful, particularly as only one adapter is necessary for all the sounds, irrespective of size.

320 Central Park West.

REPORT OF A CASE OF SYPHILIS OF THE BLADDER

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July 23, 1916, I was called in consultation by Dr. Chett McDonald to see a man, aged 23, who complained of very frequent and painful urination, with much tenesmus. He gave a history of venereal sore, diagnosed chancroid, two years before, and gonorrheal infection of the urethra beginning a year later and persisting to the date of consultation. He had been in the Navy and had been sent to the hospital at Great Lakes. He stated that he had had two negative Wassermann tests and had been under treatment while there, and later at Bremerton, Wash., with sounds, irrigations of permanganate, and instillations of silver nitrate. He had obtained his discharge from the Navy, and was at the home of his parents.

There was a scar of the glans where the chancroid had been. There was a slight purulent discharge from the urethra, and urination was followed by a mucous discharge at the end of the act. The frequency was from about every half hour to one hour day and night. The prostate was not enlarged, but was fixed, indurated, and quite tender to palpation.

The patient was given sitz baths, forced water and hexamethylenamin, in combination with uva ursi and triticum. Irrigations were attempted, but were too painful. The strangury increased until it was practically continuous. At times while the patient was straining, the rectum would prolapse, and protrude for 4 inches or more.

He was taken to the hospital, August 28, and examined by cystoscope under ether anesthesia. Only 1 ounce of fluid could be introduced into the bladder. All that could be made out by cystoscopy were some papillomatous masses at the vesical margin, some of them protruding down into the prostatic urethra. The bladder mucosa was intensely congested and bled easily, thus preventing further examination.

August 29 I opened the bladder suprapubically under ether, and found its mucosa studded, especially at the base, with condyloma-like nodules, apparently deeply involving the bladder wall. There were forty or more of such nodules, and some of them, especially those near the meatus internus, were long, some as much as half an inch in length. The bladder was curetted with a sharp curet, and as many as possible of the nodules destroyed. The tissue thus removed was submitted to Dr. William K. Trimble, sections cut, and a diagnosis of syphilitic condyloma made. A Wassermann blood test done by him on the following day was strongly positive.

The patient was immediately put on intramuscular injections of mercuric salicylate. He complained of the pain of the injections, and was changed to the internal treatment (mercuric chlorid, 1 grain; potassium iodid, 1 dram; essence of pepsin, 1 ounce, from half a teaspoonful to a teaspoonful in half a glass of water after meals).

The suprapubic drainage tube was removed, September 10; the wound was clean and the patient much benefited by the improved sleep and rest.

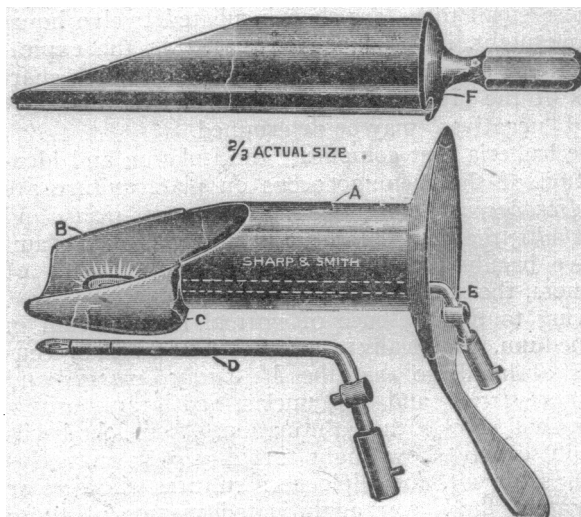
September 19, the wound had closed, but irrigations of 1 per cent. phenol (carbolic acid) solution, followed by boric acid solution, were kept up until Oct. 1, 1916.

Improvement was rapid under the mixed treatment. The bladder capacity improved until in three months or less he could go all night without arising. The urine gradually cleared up. He is now back in the Navy.

SELF-RETAINING ANOSCOPE

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If there is any one point in the region of the anus, rectum and sigmoid that is of more clinical importance than another, it is the anal canal. Yet, since the description of my inflat-



Self-retaining anoscope.

able rectal speculum (pneumatic proctoscope) was published,¹ in 1899, most of the inventive genius has been exerted toward improving that instrument rather than the anoscope.

Of the diseases that occur in these organs, 75 per cent. or more involve this canal, and practically all of them are infective. Because of the functions of the muscles that encircle and close this canal, a satisfactory inspection of the

1. Pennington, J. R.: Inflating Rectal Specula, *THE JOURNAL A. M. A.*, Sept. 30, 1899, p. 871.

field, and the administration of treatment thereto is very difficult with the ordinary anoscope, which is usually conical and not self-retaining.

Numerous instruments have been designed to aid in inspecting this canal, but none are satisfactory. The anoscope illustrated herewith is self-retaining, and gives a more complete and satisfactory view of this field than any other anoscope of which I have knowledge. It consists of a tubular instrument (A), with the distal end cut off on the slant (B), which increases the field of inspection; a bulbous enlargement (C) on the reverse side by which it is retained in position; an adjustable electric light (D) ensconced in a groove (E) which can be readily cleaned, and which greatly lessens the danger of breaking the lamp; and an obturator (F).

The instrument is introduced in the same manner as any other anoscope or rectal speculum. Since its introduction carries or pushes the pectinate line and the anal skin with it to a certain extent, it is well before removing the obturator to grasp each buttock with the full hand and pull it out, so as to bring the field into closer view.

As a rule, the left lateral or Sims position, with the hips slightly elevated, is the best posture for anoscopy. To inspect the different fields, one can withdraw and reintroduce the instrument, or may reintroduce the obturator without withdrawing the instrument, when the anoscope can be easily turned to any position desired, and the obturator again withdrawn. This procedure may be repeated as often as is necessary.

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TWO ACCIDENTAL DEATHS FROM UNUSUAL PENETRATING WOUNDS

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Death as the result of either external or internal hemorrhage is a rather common accident. Occasionally these accidents are associated with unusual features which justify reporting.

CASE 1.—A section hand employed driving spikes with a large steel hammer was struck on the left side of the neck by a steel fragment from the hammer he was using. There was some hemorrhage from the external wound, but more blood was coughed up, apparently from the air passages. The man was put into an ambulance and hurried to the nearest hospital, but died before it was reached, twenty minutes after the accident occurred.

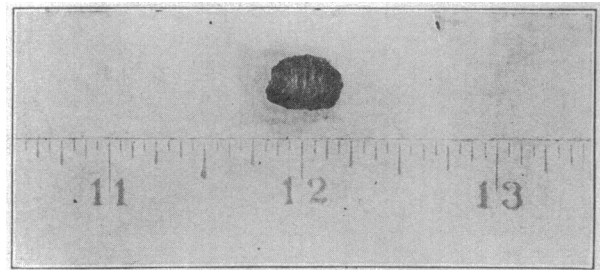
At the necropsy there was found a shallow incised wound just over the lower border of the mandible on the left side, five-eighths inch long, and a smaller wound five-eighths inch to the left of the midline and one-half inch below the prominence of the thyroid cartilage. The course of the steel fragment was traced through the subcutaneous tissues, the superficial anterior cervical muscles just below the thyroid gland, and just anterior to the trachea into a deep pocket between the trachea and the common carotid artery on the right side. Both the common carotid and the trachea were ruptured, and these defects actually faced each other, so that the hemorrhage was for the most part directly into the trachea. The opening through the muscles to the superficial part of the wound was obstructed by a valvelike action of the torn muscles. The tissues of the anterior cervical region were infiltrated with blood under considerable pressure. The lungs were edematous, and the air passages contained much blood.

The steel fragment recovered was nearly oval. Its diameters were three-eighths and five-sixteenths inch. Its thickness was one-eighth inch, and the edges were quite sharp and shaped like those of a knife. It weighed 9 grains.

CASE 2.—A boy, aged 11 years, unaware of its existence, crashed through a plate glass door. This doorway was an entry at the foot of a short flight of stairs, and the door frame without the glass had been installed for some time.

Residents of the building had acquired the habit of passing through the frame rather than opening the door. The plate glass was installed and was without placard or any other device to call attention to the change, and it was soon after this that the victim of the accident plunged into the door with all the momentum gained by running down the stairs to which this door led.

The clothing at the level of the waist in front was blood soaked and contained many fragments of glass. There were two puncture wounds at the lower costal border, each just large enough to admit the tip of my first finger. One was one-half inch to the right of the midline, the second $2\frac{1}{2}$ inches to the left. The former was traced into the abdominal cavity and the liver. The wound in the liver was one-half inch in depth. The second wound continued upward into the thorax between the fifth and the sixth ribs. There were defects in both the pericardium and the left pleural cavity,



Steel fragment, actual size, recovered in Case 1

and an incised wound of the apex of the heart penetrating both ventricles. It was three-fourths inch long. There was fluid and partly clotted blood in the pericardial and left pleural cavities, and a comparatively small amount in the abdominal cavity. There was marked anemia of all organs and tissues.

Immediately after the accident, those near at hand were attracted by the boy's loud cries, and it appears that he lived for about five minutes after the accident.

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SERIOUS RESULTS FOLLOWING THE ADMINISTRATION OF NEODIARSENOL

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A soldier, aged 24, weighing 145 pounds, presented himself with a solitary ulcer of five days' duration, the exudate from which on examination by the India ink method revealed the *Spirochaeta pallida*. Neodiarсенol in a dose of 0.45 gm. in 10 c.c. of sterile distilled water was given intravenously in my office. It was noted that the powder was extremely slow in dissolving and that the resulting solution was mahogany colored.

Immediately after the administration, the patient complained of a choking sensation and intense pricking pains in the soles of the feet and palms of the hands which he described as being similar to the sensation of being beaten with a stiff bristle brush.

While I was searching for some epinephrin, the patient reeled out of the chair in which he had been sitting and fell prone on the floor, unconscious. He remained in this state for about two minutes, and then rolled on the floor in agony, complaining of pains in the abdomen which he afterward likened to being crushed in a vise. After about five minutes of this pain he vomited, not severely, following which he was able to speak. Two hours later in his room an alternate chill and fever reaction of a severe type began and kept up for the succeeding five hours, after which the patient gradually recovered from the untoward effects of the dose of neodiarсенol. Some days later he returned to my office and was given a dose of 0.3 gm. novarsenobenzol (Billon) without reaction.