ORIGINAL COMMUNICATIONS.

CASE OF GUTTA PERCHA BOUGIE BROKEN
IN THE BLADDER:

SUCCESSFUL USE OF THE LITHOTRITE ON THE THIRD DAY.

By CHARLES COTTON, M.D., F.R.C.S., Senior Surgeon to the West Norfolk and Lynn Hospital.

CASE. Mr. B., aged 24, a tall, healthy, abstemious man, by trade a druggist, had been troubled some time with stricture of the urethra, for which he had treated himself by passing occasionally moderately sized bougies.

Sept. 7th, 1854. The patient sent at midnight to Dr. Hunter, owing to the bougie having broken during his attempt to withdraw it, leaving a considerable portion within the bladder. An anodyne, and a mixture of muriated tincture of iron and diluents, were ordered.

Sept. 9th. The patient was pale, nervous, and anxious; he complained of pain and difficulty during micturition, and was sensible of the existence of a foreign body in the bladder. The bougie produced was of gutta percha, and proved so brittle as to snap between the fingers, on its being swung briskly to and fro. The length of the missing portion (presumed to be about an inch and a half) could not be precisely ascertained, as a further small portion had broken off after it had been withdrawn from the bladder. In consultation, I advised that attempts should be immediately made to free the bladder; and this view being in accordance with Dr. Hunter's previous suggestions, and meeting with the consent of the patient, the operation was fixed for noon. Very careful sounding having failed in the detection of any foreign body, I determined (as the bladder was tolerably full) upon the introduction of Weiss's catheter forceps, in the hope that the rush of urine might carry with it the offending substance, and that it might be so squeezed and entangled between the blades of the instrument as to permit of its being withdrawn. This proceeding failing, and the urine having escaped without giving any indication of the presence of a foreign body, the bladder was at once injected in the usual way, and Fergusson's spoon-beaked lithothrite introduced; it met with considerable obstruction at the pubic arch, and also at the prostate. After some gentle manipulation, the foreign matter was luckily struck once or twice to the right fundus of the bladder, and was soon afterwards seized, the index marking more than an inch upon the scale of the instrument: on applying the screw, the blades were forced home, giving a resisting sensation to the hand. Still, a belief existed that the bougie had not been acted upon; and the placing of a portion in a spare lithothrite at hand, showed how readily it might evade the grasp of the instrument. Again and again was the body seized, the blades being, however, less apart on each occasion, giving but trifling resistance, when I determined upon withdrawing the instrument without screwing the blades quite home. This was accomplished, in spite of much obstruction in the urethral passage; and we were gratified at finding a fragment of the bougie within the grasp of the instrument, and the teeth of it clogged with the same substance. After cleansing the instrument, it was re-introduced, and foreign matter was again successively seized and cut up; and, on the instrument being withdrawn, other small portions were observed within the grasp of the forceps. The catheter scoop was now made just to enter the bladder, with a view to empty it; and, as was anticipated, the rush of the injection forced a considerable fragment within its grasp, which, proving soft and yielding, was brought away without difficulty. The operation was conducted with gentleness and caution, and the patient throughout in every way conduced to its success. An anodyne and frequent hot water applications to the hypogastric and perineal regions were ordered, and the patient was directed to have a mixture of nitric ether, potash, and henbane.

Sept. 10th. The tongue was coated, and the patient had some little feverishness, with slight tenderness over the bladder. He had passed bloody water freely, with several

small fragments of bougie; but it now came away *guttatim*, owing to an obstruction in the passage. On introducing the urethral forceps through almost their whole length, a portion was found impacted, which, on being seized and extracted, gave the patient great relief.

Sept. 11th. There had been complete stoppage of water during the night. A further fragment was detected on examining the perinæum. This was extracted with the urethral forceps, enabling the patient to pass his urine and more particles of bougie.

Sept. 12th. There were no further discomfort or *de-tritus*.

Sept. 15th. The patient was reported by Dr. Hunter as being quite well. The fragments in all amounted to about thirty. The two portions which became impacted in the urethra were each about a third of an inch in length, one bearing the impress of the fenestra of the lithothrite through which it had been forced.

This patient had been furnished by a traveller in the drug trade with a supply of cheap bougies, for sale and his own use! The hasty notes of the case are therefore offered for publication, to aid in repressing the vile manufacture of dangerous and worthless instruments, rather than with a view to set forth any surgical novelty.

King's Lynn, Nov. 15th, 1854.

CHLOROFORM IN HOOPING COUGH.

By JAMES GERRARD, M.R.C.S. Eng.

THE prevalence of hooping cough in this district, for a now protracted period, has served from daily observation to convince me that its nature and pathological condition are still but ill understood; and that, of all the host of remedies which have been from time to time proposed, no one can be looked upon as a specific. I do not mean to burden the ASSOCIATION JOURNAL with an enumeration of the many and various opinions advanced by authors on the subject, nor from the incongruous mass which could be thus presented can I pretend to extract only the truth; it must suffice for my present purpose to state my belief in the spasmodic character of the disease, and, in accordance with this view, to direct attention to a plan of treatment, which may not be new, but which in my hands has been in a very marked degree successful.

I was recently requested to see a female child, eight years old, suffering severely from this disease; I found her in a very distressing paroxysm, and presenting all the signs of immediate suffocation; this lasted a few minutes, and ceased with the discharge of the contents of the stomach. The swollen and turgid face and blood-shot eyes showed the frequently recurring struggle, and the extreme agitation and fright of the little patient, with the alarm of the parents, induced me to have recourse to any remedy I considered most likely to be of benefit in averting or lessening the severity of similar paroxysms. She had been previously taking ipecacuan wine, as recommended by a dispensing druggist; to a phial, containing about half an ounce, I added twelve drops of chloroform, and after shaking the mixture well, gave her a teaspoonful. No paroxysm appeared soon to occur, and I left her with directions to repeat the teaspoonful at the end of the hour, and afterwards at intervals of two hours for the two remaining doses. On inquiry in the evening, I learned she was much improved; the cough had recurred but twice, and with much less severity; from this period the disease gradually and rapidly declined, and she was soon quite well.

In several cases since I have used the same remedy, and in no one have I had reason to question its value. In young children, of course, great care is requisite, and in them more particularly is the good effect apparent; in one, three years old, I gave two drops of chloroform in ipecacuan wine twice a day for two days; the patient, a girl, did not *hoop* after, and is now well. To ensure the proper regulation of