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an inch and a half) could not be precisely ascertained, as a further small portion had broken off after it had been withdrawn from the bladder.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and that it might be so squeezed and entangled between the blades of the instrument as to permit of its being withdrawn.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 *desultus*.

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

the doses, I now add to each separate quantity of ipecacuan wine or other vehicle, the exact number of drops of chloroform necessary for the dose, and thus avoid the uncertainty which must attend a careless or imperfect mixture of the ingredients. Chloroform possesses one great advantage over most medicines; children do not dislike its taste, and properly mixed, they will take it readily.

In some cases of hysterical spasmodic cough, seen by Dr. Andrew Wood, and reported to the Medico-Chirurgical Society of Edinburgh in March last, he administered chloroform with success; I am not sufficiently satisfied of the distinctive character of whooping cough to think that a remedy successful in the one case might not be so in the other. Considering uncomplicated whooping cough to partake more of a spasmodic than of any other nature, I hold the general indications of treatment to be:—

To relieve or prevent the spasmodic paroxysms: this will be most effectually done by the internal use of chloroform.

To remove any obstruction collecting in the air passages by the use of occasional emetics, of which ipecacuan wine is the best.

To support the system under the weakening effects of the disease.

Having lately seen and in this manner treated a large number of cases of this disease, I consider myself justified in bearing my testimony to the good results obtained. It is sad, indeed, to witness young creatures in the severity of the paroxysms without being able to propose any measure of relief; for, as generally treated, the disease is an *opprobrium medicorum*. If others will give their experience of the chloroform treatment, for doubtless many have tried it, or will give it a chance if not already tried, we may, perhaps, arrive at a more decided plan of managing a disease which has hitherto helped in no slight degree to swell our bills of mortality.

New Buckle, November 1854.

A PATHOLOGICAL INQUIRY INTO THE EFFECTS OF SYPHILIS UPON THE UTERINE ORGANS.

By F. W. MACKENZIE, M.D. Lond., Fellow of University College, London.

[Read before the Royal Medical and Chirurgical Society, June 13th, 1854.]

[Continued from page 1036.]

Passing from the subject of functional disorders of the uterus, I proceed to point out the structural lesions of the cervix which were met with in the course of this inquiry; and here it should be observed that no commemorative data exist, by which we are enabled to determine their exact relations to syphilis as distinguished from other causes, inasmuch as we have no means of ascertaining whether they had supervened upon or existed antecedently to infection. This question, therefore, will have to be decided by other means; and, in the meantime, it will be convenient to consider them as they respectively affect the mucous membrane and the body of the cervix, the former comprising more particularly lesions of the vascularity and integrity of the cervical mucous membrane, the latter hypertrophy and induration of the body of the cervix.

V. LESIONS OF THE MUCOUS MEMBRANE OF THE CERVIX UTERI.

a. Lesions of Vascularity. Of the eighty cases, in thirty-four the mucous membrane of the cervix was preternaturally red, either partially or generally. In forty, it was of a light or pale red colour; in six, the colour is not noted; and in twelve, it was either papular, aphthous, or warty. Of these, in six, or one-half, the mucous membrane was abnormally red or vascular; and in the remainder, of its ordinary pale salmon or rose colour.

The social condition of the thirty-four persons in whom the mucous membrane of the cervix was abnormally vascular or red, is as follows: six were married, and twenty-five were single; in three, this circumstance is not noted.

Whilst, then, it would appear that, in a large proportion of cases of syphilis occurring in the female, amounting to nearly one-half, abnormal redness or vascularity of the mucous membrane of the cervix is met with, whatever may be the social condition of the patients, I feel that considerable caution is necessary in deducing any inference from this fact. I am far from believing that we are as yet in a position to determine the limits beyond which this appearance is abnormal. The varying physiological conditions of the uterus, the periodical determination of blood to this organ, and its peculiar sensibilities and functions, all point to the probability that considerable variations from any given standard, in regard to colour or vascularity, may occur within the strict physiological limits of health. It is not, however, the province of this paper to enter upon, much less to discuss, these questions: it is rather my object to indicate things as they are, and to record as accurately as possible the phenomena of disease as I have met with them; leaving it for further investigators to reconcile them, to account for them, and to estimate their real value, as compared with former observations, or preconceived hypotheses or opinions.

b. Lesions of Integrity of the Mucous Membrane of the Cervix. In forty-eight cases, some abrasion, excoriation, or ulceration of this membrane, existed; whilst, in thirty-two, there was none, and it is reported to have been smooth, and free from any such appearances.

With regard to the character of these lesions, it may be observed that, with four exceptions, they appeared in the form of superficial abrasions or excoriations extending variously over the cervix, from the os uteri as their centre. In some, they were little more than a line in diameter; in others, they were extensively diffused over the cervical mucous membrane, having sometimes a granular fungous-looking surface, but seldom any well-defined margin. In this respect, they differed from ordinary ulcerations, and corresponded rather with abrasions or excoriations caused by an abnormal shedding of the epithelial cells of the part. In four cases, however, the appearances were somewhat exceptional. In one, there was a chancrous-looking sore, having defined edges, seated on the cervix, to the right of the os uteri; in a second, there were two well-defined superficial ulcers on the cervix, each having a yellowish dirty-looking base; in a third, there was a small granular-looking sore posterior to the os uteri; and, in a fourth, there were several aphthous-looking spots and excoriations on the cervix. I am unable to reconcile these exceptional appearances with any particular form or type of syphilitic disease.

The social condition of the forty-eight persons in whom these abnormalities were met with is as follows: eighteen were married, and twenty-seven were single; whilst in three no record is made of the circumstance.

With reference to the pathological relations of these lesions to syphilis, I have already observed that their histories afford no specific data for determining this question, inasmuch as it was impossible to learn whether they had existed before, or had supervened upon syphilitic infection. We must therefore seek to determine it by some other means, and more particularly by comparing the relative frequency of these lesions, as met with in syphilis, with their frequency as met with in other diseases; and, adopting this course, we obtain the strongest grounds for believing that the lesions met with in these cases were specifically of syphilitic origin. The admirable researches of Louis on phthisis comprehend an inquiry into the state of the uterine organs in each case; and he states that, except in respect of dimensions, the condition of these organs, in persons who had died of this disease, was almost always natural. He found the uterus generally smaller than natural; but, even where there had been considerable irregularity in the menstrual function during life, it was found,