

---

## PHILADELPHIA ACADEMY OF SURGERY.

MEETING OF FEBRUARY 4, 1895.

THE PRESIDENT, DR. THOMAS G. MORTON, IN THE CHAIR.

THE President, on taking the chair, expressed his appreciation of the honor conferred quite unexpectedly upon him, by his election at the last meeting, and pledged his best efforts to advance the interests of the Academy.

DR. THOMAS G. MORTON, read a paper entitled :

CLINICAL NOTE ON A CASE OF CALCULUS IMPACTED IN THE URETHRA, WITH GANGRENE AND RUPTURE OF THE URETHRA; EXTENSIVE EXTRAVASATION OF URINE; RETENTION OF URINE FOR NINE DAYS: OPERATION BY EXTERNAL URETHROTOMY, FOLLOWED BY RECOVERY OF PATIENT.

William R., aged 16 years, a well-grown youth, was admitted into the Pennsylvania Hospital, January 2, 1895, with the following history :

The patient has had irritability of the bladder, and frequent desire to urinate, for a long while, and occasionally noticed a stoppage of the flow while urinating. On December 23d, after such an experience, the interruption be-

came permanent. On the 26th, as he was in great distress, he consulted a physician, who found a stone impacted in the penile urethra, about two and a-half inches from the meatus. In efforts at extraction, the stone crumbled to pieces, but it was removed, and the patient states that he then passed about a cupful of blood, but did not empty his bladder. A few hours after the operation the penis and scrotum swelled, forming a tumor which became dark-colored in patches. There was absolute retention of urine. His general condition becoming serious, he was brought to the hospital on the ninth day after impaction had occurred.

When admitted into the hospital he was in a condition of shock; he was exceedingly feeble and had septic fever. The penis and scrotum were edematous and enormously swollen, assuming the form of a dense globular tumor, the size of a large orange; the skin

of the penis and scrotum was gangrenous. Before coming to the hospital a surgeon had scarified the surface, but without affording relief. The bladder was distended to its full extent, and the tumor was the result of extravasation consequent upon rupture of the urethra due to gangrene.

*Operation.*—An incision was made in the median line, extending from the penis, through the scrotum to the perineum, and a large collection of urine was discovered which formed the tumor. The incision divided the scrotum in the middle and exposed the urethra, which was gangrenous to the extent of about two inches; the spot where it had ruptured was in front of the scrotum, evidently where the stone had lodged. The perineal urethra was then opened and the bladder evacuated. A drainage tube was slipped into the bladder from the wound, and a tube was also passed from the meatus. After two weeks both the drainage-tubes were removed. The dead tissues soon separated, leaving a healthy granulating wound. The bladder was evacuated daily with a silver catheter, and the further progress of the case to recovery was uneventful. The patient is now presented, a month after the operation, with the wound in a healing condition, with the large urethral fistula still open.

The repair of that portion of the urethra which was destroyed may necessitate a plastic operation, especially if it should be found that, in the process of cicatrization, contraction and deformity of the organ is likely to occur.

#### DISCUSSION.

DR. MORTON said that the case was presented partly on account of the unusual character of the accident, but more especially in regard to the length of time absolute retention existed without bladder rupture. In regard to the closure of the fistula it seemed prudent to wait until the repair now progressing should show what form of operation may be required.

DR. JOHN H. PACKARD thought the only thing to do was to make a perineal section in the membranous portion of the urethra, and keep the anterior portion completely at rest. When repair had gone as far as it would, after-operation might be considered.

DR. WILLARD cited the case of a man who, after gonorrhoea, had a stricture, and was in

the habit of catheterizing himself. One day urination ceased and retention occurred, as he thought, from the stricture. On the fourth day of this condition the scrotum was gangrenous. The whole anterior portion sloughed off and both testicles were bare. Rupture of the urethra had occurred in the prostatic portion, where a stone had lodged, blocking the urethra and causing gangrene. Incision was made in the perineum and scrotum, and the stones removed. The wound healed slowly, but without difficulty, and the man lived several years afterward.

DR. W. W. KEEN considered the most interesting question to be the restoration of the urethra. He related two cases. One was injury of the perineum as the result of jumping and coming down upon the sharp corner of a board, which penetrated to the prostate and completely lacerated the urethra. On the third day, no urine had been passed. The tissues were sloughing and there was profuse bleeding, so that the tissues could not be recognized. Using the Trendelenburg position the bladder was opened above the pubes and retrograde catheterization performed. A silver catheter was introduced and kept in the urethra for six weeks; the granulation tissue grew around the catheter and restored the urethra completely. Subsequently, by gradual dilatation, the caliber was increased to No. 30. The second case was that of a man who, in vaulting on his bicycle, missed his aim and landed upon his wheel. He ruptured his urethra without breaking the skin. There was complete retention. Perineal section was performed and a catheter left in for several weeks, the caliber of the urethra being re-established as in the former patient. It seemed possible that the same thing might be done here.

DR. PACKARD cited the case of a boy who had fallen across a board and caused rupture of the urethra very close to the bladder. In that case there was no sloughing, simply a rupture at the neck of the bladder, just within the sphincter. He was brought in from the country, and attempts had been made to pass the catheter, but without success. He was put in the lithotomy position, and perineal section was performed. It was not possible to find the vesical extremity of the urethra so that suprapubic section and retrograde catheterization were necessary. A soft instrument

was passed through from the penis, and the patient made a good recovery.

DR. HENRY R. WHARTON recalled four cases of impacted urethral calculus. The first was a boy four or five years of age, under the care of Dr. Lenox Hodge at the Children's Hospital in this city. He was brought in several days after impaction occurred, and sloughing and urinary infiltration existed. He died in the course of a few days after operation, and it was found at the autopsy that he had typical surgical kidneys. The next case was a child five or six years of age, a patient of Dr. Samuel Ashhurst. The impaction had only existed for twenty-four hours, and there was no gangrene and no rupture of the urethra. It was found impossible to remove the calculus through the meatus, and an incision was made just behind the stone, and it was taken out. A couple of stitches were used to bring the wound together, but they did not hold well, and the wound healed eventually by granulations.

The next case was a man who was brought into the Presbyterian Hospital with retention of urine for twenty-four hours. He had a stone in the urethra at the peno-scrotal junction. The stone was grasped with forceps introduced into the urethra, and removed without difficulty; the patient recovered. The last case was a boy four years of age. Retention of the urine had existed for twenty-four hours. Just before the operator reached the house the patient passed the stone. In all these cases the impaction occurred at the junction of the penis with the scrotum, which seems a favorite place for the stone to be arrested in its passage. With regard to the subsequent treatment of the case shown by Dr. Morton, it appeared better to wait to see how much will remain after cicatrization is complete. In such a case a perineal section should be made before attempting to reconstruct the urethra. The condition is more favorable than hypospadias, because a considerable part of the anterior urethra is present.

## Current Literature

**Acetanilid in the Treatment of Malarial Fever.**—At a meeting of the Philadelphia County Medical Society, held Feb. 13, 1895, Dr. Oscar H. Allis read a paper contributed by Dr. Benjamin Brodnax, of Brodnax, La., in which the recommendation was made that acetanilid should be used instead of quinin in the treatment of chills and fever. Dr. Brodnax states that he has treated several hundred cases in this way and always successfully. If there is time before the chill, he gives from one-and-a-half grains to two grains of calomel in one-quarter-grain doses half an hour apart; after which, whether the bowels have moved or not, from two to six grains of acetanilid, according to the age of the patient, are given twenty minutes or half an hour before the expected chill. Gentle perspiration with natural sleep usually promptly follow the administration of the drug and the patient awakens, entirely relieved, in about half an hour. Should this effect not

be produced, a second dose of equal amount should be given half an hour after the first. If there is not time before the chill to administer the calomel, this may be deferred until after the acetanilid has been given and its effect has passed away.

The after-treatment consists of the administration of the following:

Diluted nitro-muriatic acid . . . 1 fluid ounce.  
Ferrous sulfate . . . . . 80 grains.  
Mix, and allow to stand for twenty hours.

DOSE.—Ten drops in water three or four times a day.

THE remarkable reproductions of living flowers, which have distinguished this magazine in the past, are continued in the April number of *The Monthly Illustrator*, within the pages of a bright little article by a new writer on outdoor themes, Helen Ingersoll. These are pictures of living irises, of which not only the botany and culture, but also the folk-lore and romance are considered under the title "Lilies of France," since they are supposed to be the *fleurs-de-lis* of Orleans.