A HUNDRED AND FIFTY YEARS AGO

Extracted from an early issue of *The Practitioner*

EXTRACTS FROM BRITISH AND FOREIGN JOURNALS

Extraction of a pin from the urethra

M. Ticier reports a case in which a boy, aged 7, introduced, at the encouragement of a school-fellow, a pin into his urethra. It slipped from his hand, and as usual retreated along the passage.

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On examination on the following day, the mucous membrane of the meatus was red and swollen; the penis and perinæum were slightly enlarged.

No pain was experienced whilst the child was lying on his back. If, however, he moved about, or endeavoured to micturate, he felt an acute pain in the perinæum. The bladder was consequently filled, and was beginning to be troublesome.

M. Ticier states that he at first felt some embarrassment as to the mode of procedure to be adopted, but having read some time previously of a similar case recorded by Dr Boinet, he put the same manœuvres in form.

The forefinger of the right hand was introduced into the rectum, to constitute a *point d'appui*, and to enable him to discover the situation of the pin, which could not be felt through the perinæum. He was only able to feel the point in front of the scrotum.

Pressing strongly with his forefinger against the anterior wall of the rectum, and with his thumb on the perinæum, he made the point press against the inferior wall of the urethra. On raising the penis briskly with the finger and thumb of the left hand, the point perforated the wall of the canal. It was seized with forceps and drawn out for three-fourths of its length. The point was then directed towards the anus, and by pressing back the glans the head presented at the meatus, and was easily removed.

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The child was placed in a warm bath, in which he easily passed water. Cold lotions were then applied to the scrotum, and in a day or two the child was well.

L'Union Medical, No.68, 1870

A plan for reducing dislocation of the shoulder

Mr Lowe gives the details of several cases of dislocation of the humerus into the axilla, in which the following plan of treatment was adopted with success. The patient is to be placed in a sitting posture upon the floor with his back to the side of a sofa. The wrist is then to be grasped and the arm raised perpendicularly, whilst the shoulder is fixed with the foot – of course without the boot.

The following is one of his cases:

A gentleman crossing the old Burton bridge drove against one of the guard-stones, was thrown out of his gig, and falling upon his right hand, dislocated his right shoulder very low down into the axilla. A surgeon passing at the time employed the usual means to reduce the dislocation, but without success.

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He sent for Mr Lowe to give chloroform, but permitted him first to try his method. Seating the patient, a very heavy and bulky man upwards of sixty years of age, upon the floor, Mr Lowe raised the arm and proceeded to make extension from the wrist, when he vehemently complained of pain in the wrist. It was then found that he had severely sprained the joint; on this, a roller-towel was attached to the arm above the elbow, and over a wet bandage extension was then made upwards, the foot being used to fix the shoulder. As the bone did not very readily return into its place a bystander was asked to give a pull too, which being done, the reduction was accomplished at once.

St Bartholomew's Hospital Reports, Oct 1870

On the therapeutic value of gastric juice

Signor Arturo Menzel supports the experiments and results of older experimenters in regard to the value of gastric juice in cancerous tumours, and has collected a considerable number of cases in which it has been employed with advantage, either in true cancer or in lymphoma. It acts superficially on malignant ulcers, and especially on the neoplastic granulations, and altogether destroys their foetid odour. The juice of dogs was that employed.

Gazetta Medica Italiana-Lombarda 11 Giugno, No, 24, 1870

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