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ON THE

EXTRACTION OF FOREIGN BODIES

FROM THE

FEMALE BLADDER.

BY

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EXTRACTION OF FOREIGN BODIES

FEMALE BLADDER

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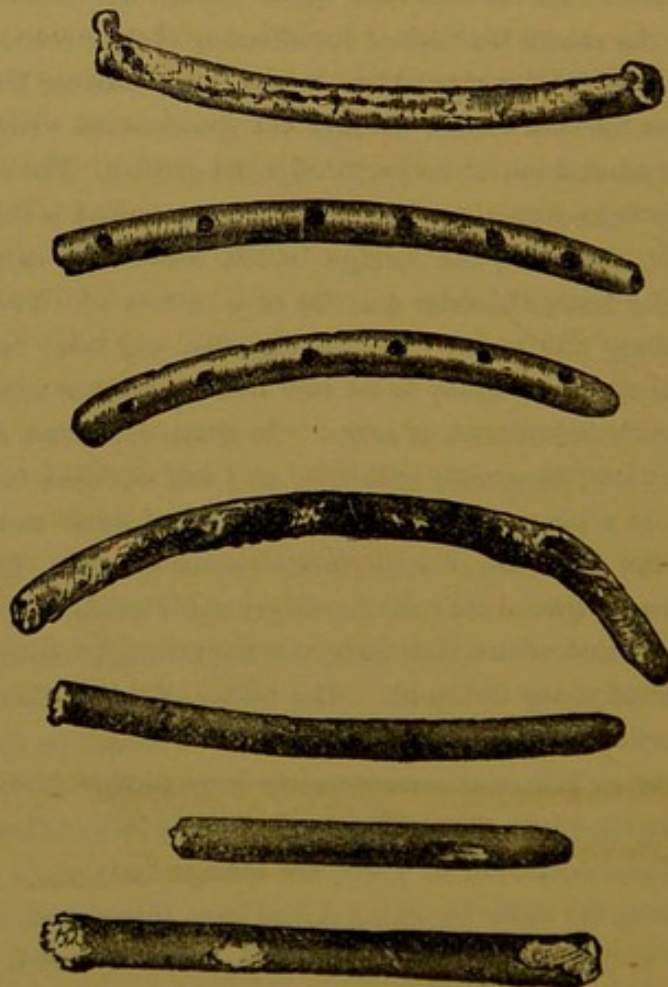
ON THE EXTRACTION OF FOREIGN
BODIES FROM THE FEMALE
BLADDER.

IF we exclude urinary calculi formed in the kidneys, ureters, or the viscus itself, from the category of foreign bodies met with in the female bladder, substances which are introduced from without form the only examples of extraneous materials which require our consideration in determining the means best suited for effecting their extraction.

Such foreign bodies may obtain access to the bladder through wounds which open into the viscus, through the spontaneous evacuation by the bladder of an abscess, or, lastly, through the urethra. The two former are necessarily quite exceptional tracks; the last named is the usual route. Practically, therefore, the foreign bodies which are met with in the cavity of the female bladder must be of a calibre which admits of their passing along this canal. Conversely, also, any body larger than the normal canal is not likely to be met with within the bladder, if it has been recently introduced *ab extra*. In some instances, the channel of the urethra may be greatly enlarged, as I had occasion to observe some years ago in a young woman aged 17, who had never menstruated, and in whom the condition of imperforate vagina existed. In her case, the urethra was so patent that the forefinger could easily be introduced into the bladder; and, with a little force, two fingers might readily enough have been inserted along the canal. The orifice of the urethra was the most patent portion of the canal, and resembled a funnel in appearance. In such a case as this, a commensurately large foreign body would admit of easy insertion into the bladder, and of being lodged there; but, just as in the natural condition of parts, the foreign body could readily be removed along the route by which it had been introduced, so here a body of much larger bulk would admit of extraction with equal facility through the urethra, without necessitating dilatation, incision of the canal, or diminution of the bulk of the foreign substance.

I have recently met with three cases of foreign bodies lodged in the female bladder; and, as they serve to illustrate the subject under consideration, I shall in the first instance narrate them.

CASE I.—J. D., aged 23, was brought to me at the Royal Infirmary on November 15th, 1865, by a gentleman attending one of the dispensaries in this city, on account of retention of urine. The patient, a nervous, excitable young female, was accompanied by her mother, from whom I ascertained that she had not passed water for upwards of two days. On examination, the fully distended bladder was easily recognised, rising prominently above the pubis as high as the umbilicus. The introduction of the catheter was resorted to at once, and readily enough effected, in spite of the retraction of the orifice of the urethra. As the bladder did not regain its tone for some time after this extreme distension, she required the introduction of the catheter twice a day; but, as she ceased to return to the hospital after a week, it was presumed that she had regained control over her bladder. At the end of a month,



Fragments of gum elastic and metallic female catheters, extracted at different times from the bladder of Case I.

however, she returned, stating that the distance from the hospital at which she resided had prevented her from coming back, but that she had obtained the services of a nurse to help her, and had acquired the art of introducing the catheter for herself, with the result, a few days before her visit, of breaking off a portion of the instrument (a gum-elastic one) in the bladder, where it was now lodged.

On examining the bladder (in the manner I shall describe immediately), I at once detected the piece of catheter, and extracted it. After cautioning her against the repetition of such carelessness as might risk the recurrence of such an accident, she left the Infirmary. She, however, returned over and over again, at periods varying from a week to a month, with a foreign body, consisting of a piece of catheter, lodged in the bladder, which I similarly removed. On the last of these occasions, her mother, who accompanied her, explained that her daughter was given to habits of masturbation, and begged that something might be done to put a stop to her tricks. Various procedures, moral and remedial, were tried, with the view of soothing her excitable nervous system; but, as this was without effect, with the sanction of her mother I removed her clitoris, in the manner recommended by Mr. Baker Brown. This was followed by a cessation of any retention of urine or introduction of pieces of catheter into the bladder, till last year, when, in the beginning of the winter session, she came to town, apparently as ill as ever, with a piece of catheter in the bladder, which I removed as before.

CASE II.—Mrs. H., aged 45, was admitted to the Royal Infirmary in the autumn of 1867, on account of a foreign body lodged in the bladder, which had resisted the efforts of two medical men to extract from the viscus. She stated that, six weeks before, as she was suffering from retention of urine, she obtained the services of a nurse. This female attempted to relieve her by means of an ivory clyster-pipe, and did so successfully; but the pipe, slipping from her hold, disappeared, and found its way into the bladder. Having placed the patient under the influence of chloroform, I dislodged the clyster-pipe from the impacted position it occupied in the bladder, and effected its extraction.



Clyster-pipe lodged in the bladder of Case II. Incrustation of phosphates on surface. Both extremities impacted in the coats of the bladder by ulceration.

CASE III.—A child, aged 5 years, was sent to my charge, in the Royal

Infirmery, from Innerleithen, by Dr. J. Andrew. Her father, who accompanied her, stated that, two days previously, she began to complain of urinary irritation, and that her mother observed her urine was tinged with blood. Dr. Andrew informed me that, on sounding her bladder by means of a bent probe, he detected a foreign body; and that the child, according to her mother's account, admitted she had put something up her urethra, which she described as a pin, but which her mother believed to be a hair-pin. On placing the child under the influence of chloroform, and introducing the forceps, a foreign body was at once detected. It lay obliquely across the neck of the bladder from right to left and from above downwards. Using the forceps as described below, the length of the body was determined to be more than two inches; and, from its other characters when grasped by the forceps, taking it for granted that it was a hair-pin, and that its rounded or blunt end must have been first inserted, I carried the forceps downwards to the left or lower extremity, and, after a little manipulation, contrived to bring the two points of the hair-pin into the axis of the forceps and urethra, and to effect its extraction. The hair-pin was of small size, measuring exactly two inches and a quarter in length. Immediate relief was afforded, and the child returned home in the course of the ensuing day.



Hair-pin (actual size) extracted from the bladder of a little girl, aged 5 years.

These cases illustrate the circumstances, accidental and intentional, under which foreign bodies may be lodged in the bladder; for while, in the first case, the portions of catheter were undoubtedly inserted to satisfy a morbid irritability of the genito-urinary system, and not left behind in the bladder by the accidental fracture of the instrument after it had been introduced, there can be no reasonable doubt, in the second case, that the facts were as narrated by the patient, and the lodgment of the pipe due simply to accident. The third case was one in which a perfect child accidentally hit upon the urethra in attempting to push the blunt end of a hair-pin up one of the channels of the body, by the same perverse ingenuity, in all probability, as leads children to insert peas or beads into the nose, or meatus auditorius externus.

So far as the materials of the foreign bodies were concerned, they were, in the first case, generally soft, non-encrusted gum-elastic catheters, but in two instances metallic; and in three instances the gum-elastic instru-

ment had become calcareously encrusted. In the second, the pipe was hard and non-pliant—sonorous, however, to touch, but impacted by each extremity in the coats of the bladder, from the occurrence of ulceration. In the third, of a metallic nature, but exceedingly ill formed for recognition or extraction.

If the soft and pliant nature of the material of which the gum-elastic catheter is composed affords a greater apparent facility in effecting the extraction of such a foreign body, this advantage is in practice quite lost by the difficulty its softness and non-sonorous character oppose to its ready recognition. If, therefore, no means of examining the bladder are employed, but the introduction and manipulation of the common sound, the existence of such a soft and non-sonorous body as an elastic catheter may easily be overlooked. When incrustation communicates to it new characters which facilitate its identification, such a procedure may suffice. In practice, however, I believe the recognition of the foreign body, and its extraction, can easily be effected at the same moment. For this purpose, nothing more is requisite than the common dressing-forceps usually carried in the pocket-case. When slightly curved in the blades, and with teeth extending well down towards the joint between the blades and shanks, the instrument will be still better suited for our purpose.

The patient, either chloroformed or not, as may seem most advisable, should be lying on her back. The surgeon, standing on her left side, introduces the forceps, with the blades closed, into the bladder. If the bladder is full of urine, the opening of the blades usually at once permits the urine to escape, and brings the foreign body within their grasp as they are gently closed. Should nothing be felt between their blades, these may be opened and closed in another axis, and so, until either frequent tentative use of the forceps proves the bladder to be empty, or something is felt between their blades. If there is nothing, the forceps are withdrawn: the examination is complete. If the forceps cannot close beyond a certain extent, or, when closed, cannot be withdrawn, there is certainly something within their grasp. The forefinger of the surgeon's left hand should now be carried up the vagina as high as a point corresponding to the neck of the bladder, and the foreign body drawn down against its point; the forceps being rotated, so as to bring first the one end, and then the other, against the finger's point, so as to determine the distance of each extremity from the part held in the grasp of the forceps. Now, supporting one or other extremity of the foreign body with the finger, the forceps are made to dip along its surface, and the extreme point is secured. As the

forceps are withdrawn, the foreign body comes away, embraced and protected by the extremities of the blades.

When, as in the second and third cases, the foreign body is rigid, and, by its form and nature, or prolonged residence in the bladder, has become impacted in the vesical coats, by ulceration occurring at one or both ends, the same procedure, slightly modified, is to be adopted. The forceps are gaped in different axes until the foreign body is secured somewhere about its centre; the forceps are then carried steadily down till they push back the vesical coats from the one or other extremity of the foreign body; and then, making traction on the end thus liberated from the pouch within which it was imprisoned, the extraction is completed by the simple withdrawal of the forceps.

I am aware that in cases where hair-pins, needles, pins, etc., have been lodged in the female bladder, hooks, or ingenious instruments calculated to secure, turn, or double-twist the foreign body, have been recommended. To the common blunt hook for the extraction of a hair-pin, no objection need be urged, though certainly its employment is not likely to be of the smallest advantage in the extraction of any other foreign body; while its efficiency cannot be greater than, and in the cases narrated not so great as, that of the forceps, employed as I have described. As regards the instruments for turning or bending a metallic foreign body: so long as it can be shown that so accessible an instrument as a pair of dressing or polypus forceps will effect all that is wanted with precision, rapidity, and efficiency, I can conceive no necessity for the surgeon encumbering himself with implements of such doubtful and at best occasional advantage.