EXTRACT FROM A CLINICAL LECTURE ON PERINÆAL SECTION.

DELIVERED IN
THE LEEDS SCHOOL OF MEDICINE.

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[I VENTURE to publish a few observations recently made to my class on the subject of perineal section, on the following grounds: that I believe the method of performing the operation therein recommended to be practically, so far as its details are concerned, a new one; that it robs a very formidable operation of much of its difficulty; and because, in my own hands, it has led to more than usually happy results.]

I wish now, gentlemen, to ask your attention to the details of certain cases of urethral obstruction which have recently been under treatment in our wards; and I shall be glad if you will endeavour to follow me while I explain to you certain points with regard to the manner in which you have seen me operate for their relief.

During the past fortnight you have had the opportunity of seeing three such cases; two in my wards and one under the care of Mr. Nunneley. The patients, though progressing in the most favourable manner, are still in the hospital, and are therefore open to further observation.

Of my two cases, I would wish you to note, in the first place, the difference in the manner of the origin of the two strictures. One was traumatic, the result of a kick received years ago; the other was the sequel of gonorrhoeal inflammation frequently repeated, and as often neglected, and was also of many years' standing. Both, ever since their commencement, have been steadily progressing towards impermeability, and have finally resulted in a condition necessitating perineal section. (Cases detailed.)

In the first case, the urethra has probably been more or less perfectly torn across, and, in the after-process of healing, has become constricted by the cicatrization of the parts; in the second, an ordinary stricture, arising, as is frequently the case, from neglected gonorrhoeal inflammation, has, by a long process of subsequent contraction, been finally brought to a condition of complete obstruction.

It is not to these points, however, that I particularly wish to draw your attention just now. They are matters which will be explained to you more fully in the systematic course of surgical lectures, and which need not, therefore, detain us to-night; but I do wish to ask you to note very carefully the *little details* of the operation by which I have proceeded to relieve them; for I am sure that, in performing the same operation hereafter yourselves, if you will bear them in mind, you will find them of very essential service.

I regard the operation, as we are called upon to perform it in such cases as these, as amongst the most difficult in the whole range of surgery; for not only are we unable to introduce any guide into the bladder, but even the normal relations of the parts are frequently altogether altered by disease, and the track of the knife must of necessity lie in a very devious course. Moreover, unless that course, however altered and devious it may have become, be both accurately and unswervingly followed, and the urethra be *really* laid open through the entire track of the strictured portion, the operation may prove fruitless in the end, and nothing but disappointment to all concerned will come of it; the patient's condition will be in no way improved, and the operation will be regarded as an unsatisfactory one; but if, on the other hand, it is performed with accuracy and precision, and with such care as you have seen exercised, I venture to say that, in a large majority of cases,

it will lead to such permanent cure that, with moderate after-attention in the occasional use of the catheter or bougie, the urethra may be maintained in a very tolerably perfect condition. The patient, then, is secured in lithotomy position, and is so placed that the light may fall full upon the perinæum; the buttocks are slightly raised, that it may strike as much as possible in the line of the axis of the outlet of the pelvis. A curved staff of full size, grooved upon its convexity, is then passed down to the obstruction, and its point is firmly pressed against the stricture; in this position it is steadily maintained by an assistant until the urethra has been opened. For this purpose, operators generally use the catheter they intend to introduce into the bladder; I prefer the grooved staff for the following reasons: it is more easy to cut into; it is less liable to roll under the knife, and so cause it to slip; and there is no choking of the catheter with blood, a circumstance which not unfrequently happens when that instrument is used, and which sometimes prevents the free escape of the urine even after the bladder has been reached, and thus leads to doubt as to whether this object has really been attained or not. I next introduce the forefinger of my left hand into the rectum, and feel for the apex of the prostate gland; having ascertained that as a landmark, I enter the scalpel, with its back to the rectum, immediately in front of the anus, and, cutting upwards and forwards, lay open the perinæum. I then carefully clear the urethra where it is distended by the staff by a few after-strokes of the knife. When I am satisfied that the urethra is quite cleared, I open it, not as is usual, by cutting upon the point of the staff, but by cutting into the groove a quarter of an inch or so above the point which is still kept firmly pressed down upon the stricture. I next seize with artery-forceps each lip of the opening I have made into the urethra, and with these draw open the canal, carefully assuring myself that the mucous membrane is included. The position of the staff is next completely altered. Taking it in my own hand, I reverse it, turn the point out through the opening I have made, and use it to draw forward, fix, and steady the urethra. If the parts are now carefully sponged, I have the interior of the canal so fully exposed to *view* that I can steadily follow its upper wall; this I do with a fine probe-director until I have cut my way completely through the stricture, and have come out into the dilated part of the urethra which usually lies behind it, or, as sometimes happens, into a second or more strictures; this effected, I am generally able to pass the small director which I have been using immediately onwards into the bladder. Now, at this point I have seen the most skilful operators completely baffled; and although they have succeeded in effecting the division of the stricture most perfectly, I have known them fail entirely in their attempts to carry the catheter onwards into the bladder. Without a guide it is often a most perplexing and difficult matter to find the opening into the posterior portion of the urethra, or, when this is found, to insinuate the catheter into it by the side of the director; and it is precisely at this point that my little grooved director becomes of all-important service. Having reached the bladder with that, I turn the groove downwards; with a straight probe-pointed bistoury run along it, I make sure of the division of any further obstructing bands, and, finally, I completely open up the prostatic urethra by sliding along the groove of the director the little instrument which I now show you, the "probe-dilator," an instrument introduced by the late Mr. Teale for use in lithotomy, and thus obtain a broad metallic floor upon which I can, without any danger of failure, introduce a catheter of even the largest size.

Thus, gentlemen, you will perceive that I reduce the difficulty of laying open the stricture as much as possible, by following every touch of my knife through it *with my eye*, and of securing a free passage for the catheter through the posterior part of the urethra by a most easy method of free dilatation. Finally, I retain the catheter, armed with an elastic tube, in the bladder during the early period of the healing of the wound, and thus secure a free passage for the urine for some days at least.

Let me commend this method of operating very earnestly to your notice; you will find it more speedy in the performance, and more perfect in result than any less accurate proceeding, and I venture to hope and think that you will never regret the adoption of my rules.