A NEW VESICAL SPECULUM FOR USE IN SUPRAPUBIC CYSTOTOMY.

By W. BRUCE CLARKE, M.B., F.R.C.S.,

Assistant-Surgeon to St. Bartholomew's Hospital; Examiner in Surgery to the University of Oxford.

CONSIDERABLE difficulty is often experienced after the bladder is opened above the pubes in keeping it dilated sufficiently to get a complete view of its interior. When there is only a calculus to be removed, as a rule but little difficulty presents itself, but if the calculus is encysted, if a portion of the prostate has to be removed, or if a vesical growth is the object of one's search, the bladder oftentimes begins to contract so rapidly that the operator experiences the greatest possible difficulty in bringing his undertaking to a satisfactory termination.

Various plans have been employed to get over the difficulty. Professor Trendelenburg, of Bonn, places his patients in such a position that the head and abdomen are much lower than the pelvis, by which means the intestines fall back against the diaphragm, and the atmospheric pressure in the bladder tends to keep its walls apart; but there are difficulties in the application of this plan to all such cases. Owing to the interference with the action of the diaphragm and the curvature of the body, which often results, respiration may be interfered with, the anæsthetic is resented, and the operation considerably retarded, or finished with undue speed. Even if this is not the case, the position is an awkward one for the operator, and the bladder rarely remains dilated as long as it is desirable that it should.

Other surgeons endeavour to get over the difficulty by the use of large retractors, or they employ a vesical speculum. The best known of these are Watson's and Keen's, both American patterns; but both are open to the same objection, namely, that they are only two-bladed, and do not keep back the posterior wall of the bladder. Keen himself admits the defects of these instruments in a paper in the *Medical News* of Philadelphia, April 18th, 1891, "Five Cases of Suprapubic Cystotomy," where, referring to a tumour of the bladder which he explored, he says: "It was inspected with the electric light, though with some little difficulty. In doing so I used both Watson's vesical speculum and my own, but each had to be supplemented by a long pair of forceps to push back the posterior wall of the bladder," etc.

The very same difficulty has occurred to myself, and to remedy it I have devised a speculum which was made for me by Messrs. Arnold and Sons, West Smithfield, and which I have had in use and tested on numerous occasions during the last eighteen months. It completely gets over the difficulty which is present with all two-bladed specula.

As will be seen from the accompanying woodcut, it consists of three blades widely fenestrated, which converge

towards a point. The two lateral blades diverge as the handles are approximated, whilst the third blade is drawn back by the straight bar which lies between the handles. A is placed near a small screw which fixes a ratchet, so that the handles, and consequently the blades as well, can be fixed in any position that may be necessary. The blades are seen separated from each other and from the rest of the instrument at B.

When it is brought into use the instrument is introduced into the bladder wound closed, and is subsequently opened to any extent that may be required. The handles are placed uppermost over the belly, and form with the blade an obtuse angle; by this means they can be more easily employed than would otherwise be the case with a fat abdomen.

A CASE OF SARCINÆ IN THE URINE.

By GEORGE S. MIDDLETON, M.D.,

Assistant to the Professor of the Practice of Medicine in the University of Glasgow.

DR. FINLAYSON'S interesting communication on the subject of sarcinæ in the urine, published in the *BRITISH MEDICAL JOURNAL* of June 27th, has reminded me of a case that came under my observation in 1883. Specimens of the sarcinæ were at the time shown at a meeting of the Glasgow Pathological and Clinical Society; but the case was not published, as the patient, a medical man, was rather nervous about the matter. The occurrence being a rare one, it may be worth while now to put on record the brief notes I have regarding it.

Dr. A., about forty-five years of age, having noticed for some time that his urine was turbid on being passed, sent me on February 28th a sample for examination. The urine that first passed in the morning measured 14 ounces; it was examined in the afternoon, when it was found to be acid, pale, turbid, of a urinous odour, and with specific gravity of 1012. The turbidity was not displaced by heating, but gathered into small flocculi. There was no albumen. A whitish sediment was deposited, which contained numerous small pale sarcinæ, but nothing else worthy of note.

Two other samples of urine were examined immediately after emission, on March 1st and on May 8th. Both were acid and turbid, but they were not so pale as the first specimen, their specific gravities being 1022 and 1018 respectively. Neither of them contained albumen. In both sarcinæ were found, but in the later one it was noted that the sarcinæ were less numerous. Circumstances prevented me from having any further opportunity of examining the urine.

This gentleman had no urinary symptoms, no increased frequency of micturition, and no pain in the bladder region. He had never had any vesical or urethral disease. He did not suffer from dyspepsia. He had for many years been the subject of an affection of the spinal cord referred by him to an accident in which his spine was injured more than twenty years before. At the time he sent me his urine the lesion had evidently extended up the cord to the medulla, but he was still able to walk about with assistance, and even to see patients. In the following year he died from bulbar paralysis, without, so far as I know, having suffered any inconvenience arising from the presence of the sarcinæ in his urine. I do not know whether he had ever had a catheter passed, but it is not at all improbable from the history of his case.

MEMORANDA:

MEDICAL, SURGICAL, OBSTETRICAL, THERAPEUTICAL, PATHOLOGICAL, ETC.

TUBERCULOSIS OF THE PARACENTRAL REGION.

THE discussion by MM. A. Souques and J. B. Charcot mentioned in the *SUPPLEMENT* to the *BRITISH MEDICAL JOURNAL* of June 20th suggests that I should send a brief note of a case—the only one, however, I am able to recall—of tuberculous growth in the position said by them to be the most common of all in the brain for this lesion.

W. N., aged 49, was admitted into the Leeds General Infirmary under my care on April 28th, 1890, for an abdominal tumour which was subsequently found to be composed of greatly enlarged tuberculous prevertebral glands. On May 2nd his temperature rose to 100.5°, and his left thigh was observed to be constantly jerking, except during sleep. The movements occurred at regular intervals of about three seconds; the exact time was not taken. It is certain that at first the psoas and iliac muscles only were affected. Two days afterwards the extensors of the knee were involved, so that the whole leg was raised sharply several inches from the bed at each contraction. The adductors of the thigh also visibly contracted together with the extensors. These movements continued with the same frequency until the day of the patient's death (May 6th). At the necropsy, which was made by Dr. Barrs, the pia mater was found to be adherent over a