ON CYSTOTOMY, BY A MODIFIED LATERAL METHOD IN CERTAIN CASES OF ENLARGED PROSTATE.

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WITHIN recent years, I have had cases where it has been found expedient to make an opening into the bladder from the perineum, in preference to other measures, the usual means of relieving obstructed micturition, or the consequences arising therefrom, having failed or proving insufficient.

I may premise by stating that, apart from those cases of obstruction complicated with circumurethral abscess, no such proceeding has been undertaken on the sole ground that catheterism was impossible, though some difficulty connected with the performance of the operation has, with other circumstances, usually been present.

The selection of a method for opening the bladder should have reference only to the object to be attained, or the contingencies that may arise. If, for instance, we desire merely to introduce the finger into it, as a preliminary to extracting a small stone, the median operation answers perfectly; whilst, if a larger stone, or an unknown quantity of anything, has to be dealt with, the lateral incision will, as a rule, be preferable.

It has been advanced by those who favour the median incision, which is practically an urethrotomy, that it is both simple and safe; its admitted disadvantage lies in the comparatively small space it provides for manipulating and extracting; whilst, on the other hand, the lateral incision, though affording more room, is considered to be attended with an increased risk and a greater degree of difficulty, so far as its performance is concerned. The median operation need not necessarily involve anything more than the opening of the membranous urethra. The completed lateral operation further includes the division of structures constituting the neck of the bladder; and it is to this part of the proceeding that any increased risk or difficulty is to be attached.

A little reflection shows that it is possible to closely assimilate the lateral with the median operation, that is to say, to dispense with the incision, not to the staff, but along the staff, should it be found, on exploration with the finger, that the additional room which the latter part provides is unnecessary for the object in view. It need hardly be said that this modification of the lateral method, where it is found, on digital exploration, to be feasible, frees the operator from executing the only portion of the operation to which any increased risk is attached; whilst, on the other hand, he has the consciousness that, should it turn out to be necessary, he can, by the completion of the deep incision along the staff, avail himself of all the advantages which are conceded by surgeons to the lateral method of opening the bladder.

In the following case, effect was given to these considerations, as I had it in view that it would be possible not only to afford a temporary relief by draining the bladder from the perineum; but, further, I might find it feasible, as I have done before, to remove the whole, or a portion of the obstructing prostate, in the form of a pendulous lobe or of an adenoma, which could be enucleated with the finger.

M. L., aged 63, was admitted into the Royal Infirmary on February 16th, 1883. For nearly three years, he had been suffering from frequent micturition, caused by an enlarging prostate. For the last month, the irritability had so much increased, that he found it difficult sometimes to hold his urine for more than ten minutes. The straining and forcing to micturate had induced a considerable prolapse of the rectum. Catheterism had to be frequently employed.

On his admission into the infirmary, the patient was in a feeble condition from want of continuous sleep, by reason of the state of his bladder. His tongue was brown and furred, and there was the usual urinous smell about him. The urine was offensive, and largely charged with blood, which escaped more or less continuously from the urethra, and was excessively increased every time the catheter had to be used. The usual means for dealing with this condition were resorted to, but with no benefit.

On February 24th, I had the patient brought into the operating theatre, and in the course of some clinical remarks, pointed out to the class the absolute necessity for adopting other means than those usually employed in less urgent cases of this kind. The cystitis and hemorrhage, which were directly connected with the prostatic enlargement, were both likely speedily to occasion a fatal termination.

Recognising the necessity, at this period of the case, of placing the bladder at rest, and rendering the use of the catheter unnecessary, I expressed my intention of making an opening into the bladder by the lateral method, as already described. The patient being placed under ether, and in the lithotomy position, I introduced a small grooved staff into the bladder, and made a limited incision down upon it laterally, opening the urethra in the membranous portion. The staff being necessarily a small one, I was enabled to pass my right index finger into the bladder without removing it. On doing so, I found that, though the prostate was not very large, the orifice of the bladder was obstructed by one of those nipple-like enlargements of the third lobe, which are sometimes more effectual in rendering micturition difficult and catheterism uncertain, than more general hypertrophies.

Finding that I could obtain my object and free the neck of the bladder without attempting to remove or enucleate any portion of the gland, I did not carry my incision into the bladder along the groove of the staff, but introduced on my forefinger (having now removed the staff), a straight, narrow, probe-pointed bistoury, by which I divided what seemed to me to be the obstructing portion of the prostate. I then found that my finger entered the bladder easily, whereas previously it was with the sensation that a source of obstruction existed, which was quite capable of rendering catheterism difficult. I should add that, on again using my knife for the purpose of slightly enlarging the superficial incision to avoid bagging, the rectum, which had been accustomed to prolapse very much, suddenly filled the wound, and came into contact with my knife; a small puncture of the bowel was the result. I ought to have avoided this, but, curiously enough, I am disposed to think, as I shall presently mention, it proved a not unimportant feature in the case.

A lithotomy-tube was introduced, to which a rubber tubing was attached for draining and keeping the patient dry. The operation was followed by a rapid cessation of the hæmorrhage and a decline of the cystitis. On the third day after, it was reported, "Patient in good condition; sleeps and eats well; pulse 80; temperature has never exceeded 100° Fahr." On March 15th, the report states, "Wound looks healthy; appears to be closing up; passes his urine mainly through it; some by the urethra". At times, a little fæces made its way into the wound, escaping through the perineum. The amount was so small as not to occasion any inconvenience, whilst it proved to be an obstacle to the speedy closure of the incision into the bladder. Within eight weeks from the time of the operation, the patient was able to leave the infirmary.

On June 1st, he returned for the purpose of getting some advice for dyspepsia, when I took the opportunity of examining him. In the perineum, there was still a slight fistulous opening remaining at the lower angle of the wound, through which urine sometimes passed in drops during micturition. The patient could now hold his urine for several hours; the urine was normal. On examining the prostate from the rectum, some slight enlargement could be felt. A full-sized catheter was easily introduced into the bladder, without any hitch or obstruction, in the prostatic urethra, or at the neck of the bladder, being experienced.

I do not think there can be any doubt that the operation not only saved the life of the patient, but has considerably added to his comfort. Though the use of the catheter has been abandoned, I have advised its occasional employment, in accordance with the views I have advanced relating to the early treatment of prostatic hypertrophy.

I am indebted to my dresser, Mr. O'Brien, for the notes of this case, and to my house-surgeons, Messrs. Bateson and Lowe, for their careful management of the patient during their respective periods of office.

THE SALE OF PATENT MEDICINES.—The local excise officers have summoned two chemists at Manchester for evading the duty on patent medicines by selling such articles without the proper Government stamps thereon. One of the defendants was fined 40s. and costs in three cases, and the other a like sum in one case, and ordered to pay the costs in a second.

PORRO'S OPERATION.—On March 28th, Professor Porro performed his "utero-ovarian Cesarean operation" successfully in a primipara, with rachitic deformity of the pelvis and the whole skeleton. She was near the full term of gestation. The child is living, and healthy and well-formed. The progress of the case has been very satisfactory. The highest temperature recorded was 38° Cent. (100.4° Fahr.), and this was in relation to painful distension of the breasts with milk.