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## Original Communications.

### CONCERNING LITHOTOMY.\*

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My mind is in some doubt, whether the time of this society could not be better employed by some one else and on some other subject, especially as I know of late how much has been written upon it, and I feel that I can only possibly provoke discussion, not offer anything that is new. My object is rather to give some of the results of operations done here and see how far they tend to make us decide in choosing any method for dealing with vesical calculus.

We are all aware that for a long period, the preference has been most markedly given to the lateral perineal operation, with little or no modifications, as firmly established by Cheselden. At times there has not been wanting strong advocates of the median medico-lateral, and even that by the rectum, with periods, too, in which the supra pubic has loomed up very vigorously, only to drop out of sight again. Lately this latter has again come into fashion so frequently that it seems more probable than at any previous time that it may supersede any and all the perineal methods. It may be that this is in a measure due to the strong fascination that abdominal incision has for reaching any abdominal organ without or within the peritoneal cavity, and that the bladder is not to be allowed to be an exception, yet I think its resurrection lies on a broader and better basis than that due mainly to a more accurate conception of its anatomical position. Bear with me, then, for a

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few minutes while I shortly discuss this question, "Does the supra pubic operation afford an easier, safer, and more generally satisfactory road to the bladder for the extraction of calculus than the lateral perineal operation." Dr. Garson, in a paper in 1878, in the *Edinburgh Medical Journal*, demonstrated fully that in a frozen and then hardened vertical section of the pelvis, the bladder being previously distended with cold water and the rectum also by a rubber bag filled with cold water (if you measure accurately) you find the bladder projected above the pubes and brought within easy reach, and the anterior fold of the peritoneum well above the risk of injury by anterior incision. This paper, I think, did not get the real credit of showing that by rectal dilatation the bladder becomes so accessible and therefore suitable for supra pubic operation, mainly because the experiments he made were to show the displacements the pelvic organs undergo when the hand is introduced into the rectum, as first done by Senior of Heidelberg, and from which as a means of exploration great things were hoped for, but shortly after 1880, Peterson, of Kiel, suggested the practical use and gave the great impulse to the doing of the supra pubic lithotomy.

If then the anatomical difficulties are so small, making it such an easy task to reach the bladder that much manipulation is unnecessary, that no vessel of importance lies in our path, so that hæmorrhage is usually slight, that shock is less than in other methods, we must set over against this favorable showing the risk of opening the peritoneum and septic absorption in a wound infected by the putrid urine escaping into it, and if the surgeon, anxious to avoid the peritoneum burrows down into the loose cellular tissues behind the symphysis, the risk is bound to be increased.

The points in its favor seem strong, and perhaps they will be found to be so decided that the supra pubic may become the operation for all classes. Yet, so far as I can learn and as far as I see in this city, it is not so yet. Most of the surgeons here with English tenacity cling to the perineal and chiefly lateral, and I have been at pains to find out their results. It is not possible to give them in a tabulated form with absolute accuracy, nor do I know where to put my hand on "recent" statistics of the two forms of operation, but certainly many surgeons have had most satisfactory results