

THE
CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITORS:

A. H. WRIGHT, B.A., M.D. Tor., M.R.C.S. England. - J. E. GRAHAM, M.D. Tor., L.R.C.P. London.
W. H. B. AIKINS, M.B. Tor., L.R.C.P. London.

Business Management, - - THE J. E. BRYANT COMPANY (Limited), 64 Bay Street.

TORONTO, JUNE 17, 1889.

Original Communications.

SUPRA-PUBIC LITHOTOMY.*

BY A. PRIMROSE, M.B., C.M. EDIN., M.R.C.S.
ENG.

Assistant Demonstrator of Anatomy, Toronto University.

Supra-pubic lithotomy is now so frequently performed in preference to other cutting operations for stone, or to lithotripsy, that it has become a subject of no little interest.

This operation has been advocated by different surgeons, from time to time, since the middle of the sixteenth century when Franco first performed it. Accounts of the operation have been presented to the profession at intervals of from thirty to a hundred years, usually styled a "new" procedure, and not unfrequently the name of the operator has been attached to the operation, *e.g.*, the "lithotomia Douglasina," described in 1820 by John Douglas, of the Westminster Hospital, London. This history of an operation is not peculiar to supra-pubic lithotomy; old operations which were abandoned as impracticable in the past are re-introduced by the modern surgeon, advocated strongly and practised extensively. The reason for this is that an operation which formerly was difficult and dangerous can now be performed whilst the patient is under the influence of an anæsthetic, and the surgeon is able to proceed with much greater ease, accuracy and safety; still more noteworthy is the fact that the modern

method of antiseptic or aseptic surgery has completely altered the standpoint from which we judge of this or that operation.

The two chief sources of danger in opening the bladder above the pubes are infiltration of urine and wound of the peritoneum. The dangers are very much lessened in the modern method. Franco in 1551 advised the stone to be pushed forward, with the finger in the rectum. Blunt hooks and a special gorget were used for holding the bladder up after being opened. There was never any attempt made to close the vesical wound; charpie or unravelled linen was passed from the external surface to the bottom of the bladder, and the dressings removed three or more times a day. One can understand that after an operation conducted in that manner, where the cellular tissue about the bladder and its connections with surrounding parts were so extensively disturbed, the danger of infiltration would be great, in fact one would be surprised if it did not occur. The danger of wounding the peritoneum is much minimized by rectal distension, the interval between the symphysis pubis and the peritoneum on the anterior surface of the bladder is thus considerably increased. Further, if the peritoneum were wounded no great harm would be likely to be done provided antiseptic measures were adopted during the operation and after treatment.

The following is the method of performing the operation: The pubes should first be shaved, the surface is then thoroughly disinfected, and strict antiseptic precautions are to

* Read before the Toronto Medical Society.