

# THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,  
CRITICISM AND NEWS.

Vol. XIX. TORONTO, APRIL, 1887. No. 8

## Original Communications.

### A CASE OF IMPASSABLE STRICTURE OF THE URETHRA SUCCESSFULLY TREATED BY POST-PROSTATIC PUNCTURE.

BY N. E. MCKAY, M.D., C.M., M.R.C.S., ENG.

Surgeon to P. & C. Hospital, Halifax, N.S.

Of the various methods of operating for the establishment of continuous drainage from the bladder the operation termed "post-prostatic puncture," gives the best prospect of success. This operation is easy to perform, and the bladder is tapped in the same place as it is in the rectal operation. The danger of wounding the urethra, prostate, vesicula seminalis or peritoneum is imaginary. It is free from most of the objections which can be raised against the operations recommended in our Text Books on Surgery. It does not interfere with the process of defæcation, neither does it come in the way of the genital tract, and it affords an easy method of draining the bladder. The danger of extravasation of urine with its concomitant evils might be raised as an objection to its performance, but the same objection might be urged against the old operations, and besides, should extravasation take place the urine is likely to follow in the direction of the least resistance and will escape through the perineal opening. It is rather surprising that no author has yet seen fit to recommend in any work an operation, which in my opinion, is likely to supplant those hitherto in vogue. In support of the views set forth above I beg to report the following successful case :

W. W., engineer, aged 32, married, was admitted into the hospital Sept. 21st, 1886, suffering from impassable traumatic stricture of the urethra.

Previous history : Seven years ago patient received an injury in the perineum by falling astride a piece of wood after which he immediately passed a large quantity of blood by the urethra ; and ever since, the process of micturition has been attended with pain and vesical tenesmus, and a prolongation in the length of time taken to empty the bladder. Four years ago he had for the first time an attack of complete retention of the urine which was accompanied by severe pain and tenderness in the perineum, relief being afforded by a profuse discharge of blood and pus. Since then he has had periodical attacks of retention every three months, relief being always afforded by a copious discharge of sanguineous pus. In the intervals, although the stream was very much reduced in size, he could void urine without any very great inconvenience. Subsequent to his having received the injury he had two attacks of gonorrhœa but the clinical clerk who took his history omitted to record their dates. Fourteen days prior to his admission into the hospital the patient had an attack of retention, and as usual it was followed by a profuse discharge of blood and pus, which this time gave him no relief. He now consulted a physician, who made several attempts at different times with and without an anæsthetic to pass an instrument but without success. In trying to pass an instrument under an anæsthetic, the doctor, the patient says, used a steel sound, and the attempt was followed by a copious discharge of blood. Patient says the doctor when first called ordered him a warm hip bath, rest in bed, and some medicines, and that in two hours after using the means prescribed he was able with difficulty to partially empty his bladder.

*Present Condition.*—When admitted, patient was in great pain, having voided only eight ounces of urine during the past twenty-four hours, and that with great pain and difficulty, and most of it in driblets. His bladder was over distended, and rose about one inch above the umbilicus ; he had severe pains in the back, hypogastrium, and perineum. The perineum was extremely tender to the touch, and the part of the urethra immediately under the sub-pubic arch was quite thick and indurated to the extent of fully one inch and corresponded to the seat of the main stricture. In the penile portion of the urethra and about half an inch anterior to the scrotum a small cartilaginous ring was found which corresponded with the seat of