

of what is written so much that is incomplete and conflicting, both as to the merits of the operation and the method of performance, that it will not be out of place to add a few plain facts

1st. It is much simpler than any modification of the perineal operation; the only structure to be avoided being the peritoneal fold, which, with careful dissection is easily done. Contrasted with this, the perineal section is "going it blind," between the artery of the bulb anteriorly, the internal pudic externally, and the rectum behind. The wounding of any of these would prove a serious complication; and supposing they are passed in safety, I wonder how many have succumbed to a prostate incised in a faulty manner. Supposing union occur primarily in the supra-pubic method, the danger of septicemia is averted, and in any case with proper drainage precautions, the risk of urinary infiltration and diffuse inflammation does not appear to be greater than in perineal section. The operation is not attended with hemorrhage, or the danger of wounding the rectum, the deep fascia or the seminal ducts, nor is it followed by shock or perineal fistula, both of which may occur in the lateral and median operations.

2nd. It is especially suitable for boys; for, in their case, on the one hand, the bladder is high up with plenty of room below the peritoneum for incision, and on the other hand the perineum is usually loaded with fat, and therefore the wound must be deep and difficult of precise execution. In such cases the prostate is small—its incision must be very limited in order to be safe—the finger is introduced through so small an opening, only with considerable force, and this with danger of lacerating the thin and delicate membranous urethra, which could not be otherwise than disastrous in its consequences.

3rd. The bladder is elevated by one or all of three methods—dilation of the rectum, injection of the bladder itself, or by the tip of a metallic catheter or sound. In dilating the rectum it is recommended to use a pear-shaped rubber bag, and lest tearing of its coats occur from over distension, to allow the water to enter by gravity from a graduated receptacle through a long rubber tube; from twelve to sixteen ounces usually proving sufficient. A double channelled silver catheter answers best for irrigating the bladder—it will also serve for dilating it subsequently by closing

the returning opening—and by closing both openings it will answer as a sound for pushing up the anterior wall.

4th. The external incisions should be as close to the pubic bones as possible—and that of the bladder as low down as practicable. To this end a tenaculum, which is more easily applied than the ligatures which I used in the case described, should catch up the anterior wall well down behind the symphysis—traction on which will rotate the bladder on its transverse axis, and so throw the peritoneal fold backwards out of harm's way.

5th. The smaller the bladder incision is, the better, provided it be large enough to permit of extraction without laceration.

6th. If the coats are in anything like a healthy condition it is well to close both wounds and trust to primary union—to this end catgut sutures in the bladder are the best.

7th. The retained catheter is preferably of soft rubber; for, although its channel is smaller in proportion than that of the ordinary elastic, it can easily be removed at intervals for cleaning, and its vesical extremity being more flexible, is more likely to lie low and drain effectively, and less liable to irritate by chance pressure against the anterior wall.

8th. It is above all things needful to take proper precautions that the bladder is thoroughly and constantly drained—and if the receiving vessel is emptied every hour, no accumulation of urine sufficient in quantity to prejudice the case can occur before the stoppage of the flow is detected.

---

#### THE INFLUENCE OF CERTAIN OCULAR DEFECTS IN CAUSING HEADACHE.\*

BY F. BULLER, M.D.,

Professor of Ophthalmology, McGill University.

The influence of abnormal conditions in the organs of vision in causing headache has long been recognized, but it cannot even now be said that the nature of that influence in all its bearings is fully understood. The term eye strain is, indeed, applicable to a very complex condition, in which anatomical, mechanical, muscular and nervous influences variously combined each play their part.

---

\* Read before the Canadian Medical Association, at Hamilton, September, 1887.