Sclections.

ON A NEW PROCEDURE FOR THE REMOVAL OF SMALL CALCULI FROM THE BLADDER, IN MALE CHILDREN.

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. . . . It has been my wish to discover some method which would be more simple, and cause less injury to the urethral and vesical structures in the case of male children, than the ordinary operation of lateral lithotomy, more particularly when the stone to be removed is limited in size.

In the following case, I practised what I believe to be a new procedure, and have hopes that it may prove to be an useful addition to our means of treatment in connection with this department of surgery.

CASE.—A boy, aged $4\frac{1}{2}$, was sent to me by my friend Dr. Hunter, of Linlithgow, on account of symptoms of stone in the bladder which had existed for about a year. The usual symptoms were present and well marked, and, upon sounding him, I detected a small and light stone.

On December 10th, I put him under the influence of chloroform, and dilated his urethra by passing Nos. 6, 7, 8 and 9 silver catheters in succession. The first three passed readily, but No. 9 was slightly grasped in its passage along the urethra. Before removing this last catheter, four ounces of antiseptic fluid (corrosive sublimate 1 to 4,000) were injected through it into the bladder. This catheter being withdrawn, a small lithotrite, having a diameter about equal to a No. 8 bougie, was introduced along the urethra into the bladder. After a little careful manipulation, the stone was seized, and fixed between the blades of the instrument. It was then found that, by depressing the handle of the lithotrite, its vesical extremity, together with the stone, could be readily felt through the abdominal wall immediately above the pubes. The lithotrite being held in this position, a small incision, an inch in length, was made in the middle line of the abdominal

wall over the pubes, and for a short distance above it. The various tissues were divided. until the wall of the bladder was exposed at the point against which the blades of the lithotrite and the enclosed stone were pressing. A little further depression of the handle of the lithotrite caused the extremity of its blades covered by the stretched wall of the bladder to protrude through the wound in the abdominal wall; and a small incision having been made through the wall of the bladder by cutting upon the extremity of the lithotrite, the blades of the lithotrite, together with the stone, were pushed through the wound. The stone was here extracted from between the blades of the lithotrite; and the open extremity of a No. 7 India-rubber catheter was seized, and drawn into the bladder and along the urethra as the lithotrite was removed, thus leaving a drain for the urine to escape from the bladder. The wound in the abdominal wall was closed by means of two horse-hair stitches, and a drainage tube introduced into it so as to aid the escape of any urine which might flow from the bladderwound. Irrigation with corrosive sublimate solution (1 to 2,000) was employed during the operation, and the wound and parts around were covered with a dressing of corrosive sublimate wool. The stone removed was about the size of a horse-bean, of uric acid formation. For the first thirty-six hours after the operation, the urine was slightly tinged with blood, passed principally by the abdominal wound; but, after this, it flowed through the catheter, which had been secured in the bladder.

Forty-eight hours after the open ion both drainage-tube and catheter were removed, the patient not having had the slightest bad symptoms. For twelve hours after the removal of the drainage-tube and catheter, the urine came by the abdominal wound; but, after this, it passed almost entirely by the urethra, and the patient was running about the ward, perfectly well, on the tenth day after the operation.

It may be said that this is simply a suprapuble lithotomy, and so it is, but I maintain it is a much less serious proceeding than the ordinary suprapuble operation, as the bladder is scarcely disturbed, and the wound made in it very limited. Its advantages over lateral lith-