A NOTE ON CERTAIN MODIFICATIONS OF THE SUPRAPUBIC OPERATION FOR STONE OR TUMOUR OF THE BLADDER.

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THERE is a modification of the suprapubic operation necessary when dealing with the female bladder, since it cannot, without very special apparatus, be permanently distended like that of the male. And the same condition occurs in that of the male also, if, after opening the urethra for the purpose of exploring the bladder for tumour, and finding one, it is deemed necessary immediately to operate

until it has nearly reached the bladder, when the olivary end is plainly distinguished, and the stylet is withdrawn by the assistant. The end of the sound and the slit therein are now easily felt through the tissues by the index finger. When the fibres of the bladder are laid bare at and around this spot, the hook is passed deeply into the slit, so as to take up a portion of the vesical coat and hold it securely, while it is perforated by a scalpel in an adjacent spot. By this means the bladder is prevented from collapsing and slipping down out of sight or reach—an accident very apt to occur and to embarrass the operator if he opens the viscus on the end of an ordinary sound, which usually emerges by the opening, while the bladder disappears by contracting and shrinking around the instrument. In these circumstances it has often been found difficult to introduce anything into the cavity by the side of the sound, a dilemma which the little contrivance proposed above efficiently provides against. In the old method of operating on a staff, without distension

FIG. 1.

FIG. 2.

above the pubes. This may happen when by means of the urethral opening it is discovered that the tumour is too large to be removed by the perineal route, or is so situated that it can be only safely attacked from above. In either case the distension of the rectum is to be fully made as usual; but as no fluid can be securely retained in the bladder in the circumstances described, the incision must be made on a director previously passed into the viscus. This director should be in the form of a well-curved hollow steel sound, with an open end, neatly closed by an olivary bulb attached to a strong stylet running through the instrument and capable of being fixed at the handle. Fig. 1 shows the sound, and Fig. 2 the stylet, with the bulbous end. At the extremity of the sound, a wide open slit, about three-quarters of an inch long, is made in the concave aspect. See Fig. 3, with the bulb in place. Fig. 4 shows the end of the instrument when the bulb is withdrawn.

The rectum being distended as before directed, no injection of the bladder takes place, but the sound containing the stylet is passed and retained in place by an assistant. The dissection is now carried on in the median line, as usual,

of the rectum, this accident not infrequently happened, and I have little doubt that the endeavours to re-establish the route into the bladder sometimes occasioned disturbance of the cellular connexions around the neck, and so induced the infiltration there, formerly said to have been one of the risks of the operation.

Reverting to the use of the index finger-nail as a divider of tissue in the operation, and its marked superiority to the knife, it has occurred to me that a more generally applicable instrument might be constructed in ivory. Accordingly, Messrs. Weiss have made one to my design, of which the woodcuts Figs. 5 and 6 give a representation on a scale of exactly half the linear measurement. The lower, or slightly convex, end seen at Fig. 5 is very finely serrated, and acts as an artificial finger-nail; the hooked termination for drawing aside a vein is shown in a lateral view of the instrument at Fig. 6.

FIG. 5.

FIG. 6.

CONSEQUENCES OF NARROWING OF THE MITRAL VALVE WHEN OCCURRING IN CHILDHOOD.

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IN the year 1841 my late colleague and teacher, Dr. G. H. Barlow, of Guy's Hospital, delivered the Gulstonian Lectures, having for their title "Diseases arising from Defective Expansion of the Lungs in Early Youth." The author illustrated this theme by examples of young persons who about the period of puberty exhibited symptoms of pulmo-

nary obstruction, and often of dropsy, and in whom there was found after death a narrow chest, small lungs, a corresponding small trachea, and at the same time a heart diminished in size and the mitral orifice much contracted in calibre. He believed that if any cause existed which tended to contract the chest, pulmonary expansion would be impeded, the lungs would become small, and the mitral orifice, through which passed a diminished stream, would become proportionally contracted. There can be no doubt that a very interesting series of cases was observed by Dr. Barlow, but I have long thought that his reasoning about them was incorrect. His facts with reference to the relation between the organs of circulation and the attenuation of the body generally were no doubt true, and opened up a subject of great physiological interest, but I