A NOTE ON THE HISTORY OF RETROGRADE CATHETERIZATION IN RUPTURES OF THE URETHRA.

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THE reason for this short historical item is due to the fact that a certain number of American and German writers attribute the honor of having devised this operation to Brainard of Chicago, in 1849. That this is erroneous we shall show, because this operation was done about one hundred years before the Chicago surgeon attempted it.

It was Verguin of Toulon, who first, in 1757, performed retrograde catheterization of the urethra in a case of traumatic rupture of the canal. A sailor was admitted into his service, having fallen astride a mast. After having vainly tried to pass a sound, and as retention of urine continued even after a perineal incision had been made, Verguin operated as follows: The bladder was punctured above the pubis and a cannula was introduced and left *in situ*. A few days later he introduced a catheter through the cannula to the neck of the bladder and made it protrude through the perineal wound. This catheter served as a guide to the sound which was passed into the bladder and allowed to remain. Three months later the patient left the hospital completely cured.

The above report is due to Chopart, who gives it in his work on diseases of the urinary tract, and although the operation was new, it made little impression in France or elsewhere.

In 1813, Souberbielle was led to perform retrograde catheterization, but as he was ignorant of Verguin's case he considered himself the inventor of the operation. Fine of Geneva, in 1809; Gurdon Buck of New York, in 1843; Chas-saignac of Paris, in 1844; and Guersant, in 1847, resorted to retrograde catheterization in traumatic ruptures of the urethra. As is seen, all these surgeons performed the operation before the date of Brainard's operation, namely, in 1849.

Now, to continue with the history of the operation. Voilemier in 1857 resorted to it in a case of ruptured urethra; Giralès, in 1867, had recourse to the same procedure; while, in 1875, Volkmann operated by this technic on a seven year old child for a rupture of the urethra and perineal abscess.

Up to 1874, retrograde catheterization was done by making a suprapubic opening of small size, and Péan was the first to perform suprapubic cystotomy as the first step in vesico-urethral catheterization. Up to this time the procedure was only possible in cases of retention of urine with a distended bladder, or when a suprapubic fistula was present, as happened in Voilemier's patient.

In 1880, Neuber introduced a metallic sound through a suprapubic fistula in a case of rupture of the urethra from fractured pelvis, and obtained a complete cure. Then in 1881, Lawson

in England resorted to the same device on a man fifty-five years of age with a urethral rupture. From this time on the operation became developed until the present time, when its indications have been decided upon and the technic perfected.

Were the medical profession more versed and interested in the history of the healing art, such errors as the one referred to would not be constantly occurring, as is now unfortunately the case.

Symposium.

ON THE RELATIONS OF DENTAL AND ORAL HYGIENE TO HEALTH.

THE TEETH AND THEIR RELATION TO THE BODY.*

BY GEORGE H. WRIGHT, D.M.D., BOSTON.

WE shall consider the definite relations which are of special interest to the general practitioner:

First. The Relation of the Development of the Teeth to the Tonsils and Other Glands.

SUMMARY.

Tonsils are lymphoid structures.

Diseased teeth may be a source of infection and enlargement of glands and tonsils. Tonsils become enlarged without infection or disease whenever (a) the first group of temporary molars at two years of age are in process of eruption; (b) at six years, when the first permanent molars, and at twelve years, when the second molars are active in eruption.

General practitioners of medicine, district nurses and physical examiners of school children in particular should learn the years when to expect these teeth.

Where there has been no previous history of recurrent tonsillitis and tonsils are simply enlarged, the periodicity of the eruption of teeth should be considered.

Second. Teeth and Deformities of the Nose and Face.

The importance of the superior maxillary is to be recognized, and particular attention must be given to the transverse facial suture. With these observations carefully in mind, with due attention to the histological structure of the superior maxilla, we are in a position to judge of the relative merits and importance of measurements which shall be made within the nose in conjunction with readjustment of the maxillary bone. An instrument is here shown by the use of which three measurements may be obtained and results of its application and use in actual cases are here presented.

* Dr. Wright's address was a summary of his address upon this subject at the annual meeting of the Massachusetts Medical Society, June 12, 1912, which was published in full in the BOSTON MEDICAL AND SURGICAL JOURNAL, December 5, 1912.