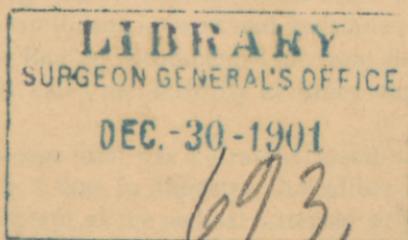


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## THE CATHETERIZATION OF THE URETERS IN THE MALE THROUGH AN OPEN CYSTOSCOPE WITH THE BLADDER DISTENDED WITH AIR BY POSTURE.

BY H. A. KELLY, M. D.,

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The difficulties and the dangers of the various devices for electric cystoscopy with the source of illumination introduced within the bladder are so great that I feel sure urologists everywhere will welcome and test carefully any new method of examination which bids fair to limit or to supplant these methods by one which is simpler, more direct and more satisfactory in its results.

I have succeeded in devising such a method and in demonstrating its utility in the presence of an audience of expert urologists and surgeons at St. Luke's Hospital, New York City, Feb. 4th, 1898, through the kind invitation of Dr. L. Bolton Bangs, consulting surgeon, and the courtesy of Dr. Robt. Abbe, visiting surgeon, who offered me his clinic hour.

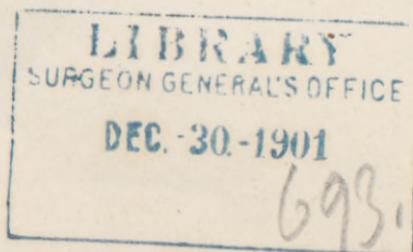
Among the visitors present were Drs. Robt. F. Weir, Willy Meyer, Clement Cleveland, Robt. A. Murray, Farquhar B. Curtis, F. Tilden Brown, and others.

I was greatly indebted to the house staff of the hospital for their warm, intelligent interest and assistance throughout.

Dr. Otto G. Ramsay accompanied me from the Johns Hopkins Hospital and aided me skilfully at every step of the investigation.

The cystoscope used was a straight metal nickel-plated tube 15.5 cm. long, 7 mm. in diameter, the caliber being equal from end to end, except at the conical external orifice, which measured 2.7 cm. at its outer border and was blackened on the inside to prevent the reflection of the light from obscuring the field. A stout handle 10 cm. long was attached to the outer end.

The source of illumination was a small electric headlight, deriving its current from the house supply, reduced by a Vetter controller.



The patient, a young man, was put under Schleich's anesthetic, when I introduced the cystoscope armed with its obturator as far as the prostate, and then guided it easily over the prostate and into the bladder by raising and guiding the end with one finger introduced into the rectum. The penis, of average size, shortened on the cystoscope to a length of about 5 cm.

He was then carefully turned over and placed in the knee-chest posture and brought to the edge of the table and the obturator withdrawn; air at once entered the bladder and the investigation was made.

The light was good and the base of the bladder at once came clearly into view; the posterior wall was seen by elevating the handle a little, then by turning it to the right and to the left the left and right lateral walls were clearly seen. I then withdrew the speculum until the internal urethral orifice began to close over it, and then pushed it in a little, turned it about 30 degrees to the left and dropped the handle, when the right ureteral orifice came clearly into view, as clearly as I have ever seen it in a woman.

Dr. Willy Meyer looked through the cystoscope and agreed it could not have been seen clearer or more unmistakably if it had been on the surface of the body.

Dr. Ramsay then handed me one of my renal catheters, 50 cm. long and 2 mm. in diameter, armed with a stylet, and this was guided, after two attempts, up into the ureteral orifice, and easily stripped of the stylet, into the ureter, ascending up to the pelvis of the kidney. Dr. Abbe now looked through the cystoscope and saw the catheter entering the bladder wall.

The patient was then put to bed with the catheter in position, and before leaving the hospital I had the satisfaction of knowing that half a test-tube full of slightly cloudy urine had been collected.

By this method of cystoscopy not only is the diagnosis of vesical lesions simplified, but simpler and direct plans of treatment, such as curetting, cauterizing and making applications to localized areas are made possible. Small tumors may also be easily excised or snared.

A preliminary note has been published in the *Annals of Surgery* (Jan. 1897), where a fuller account will shortly appear.



