

Introduction to a discussion on the diagnosis and treatment of tumors of the bladder / by Reginald Harrison.

Contributors

Harrison, Reginald, 1837-1908.
Royal College of Surgeons of England

Publication/Creation

[Place of publication not identified] : [publisher not identified], 1885.

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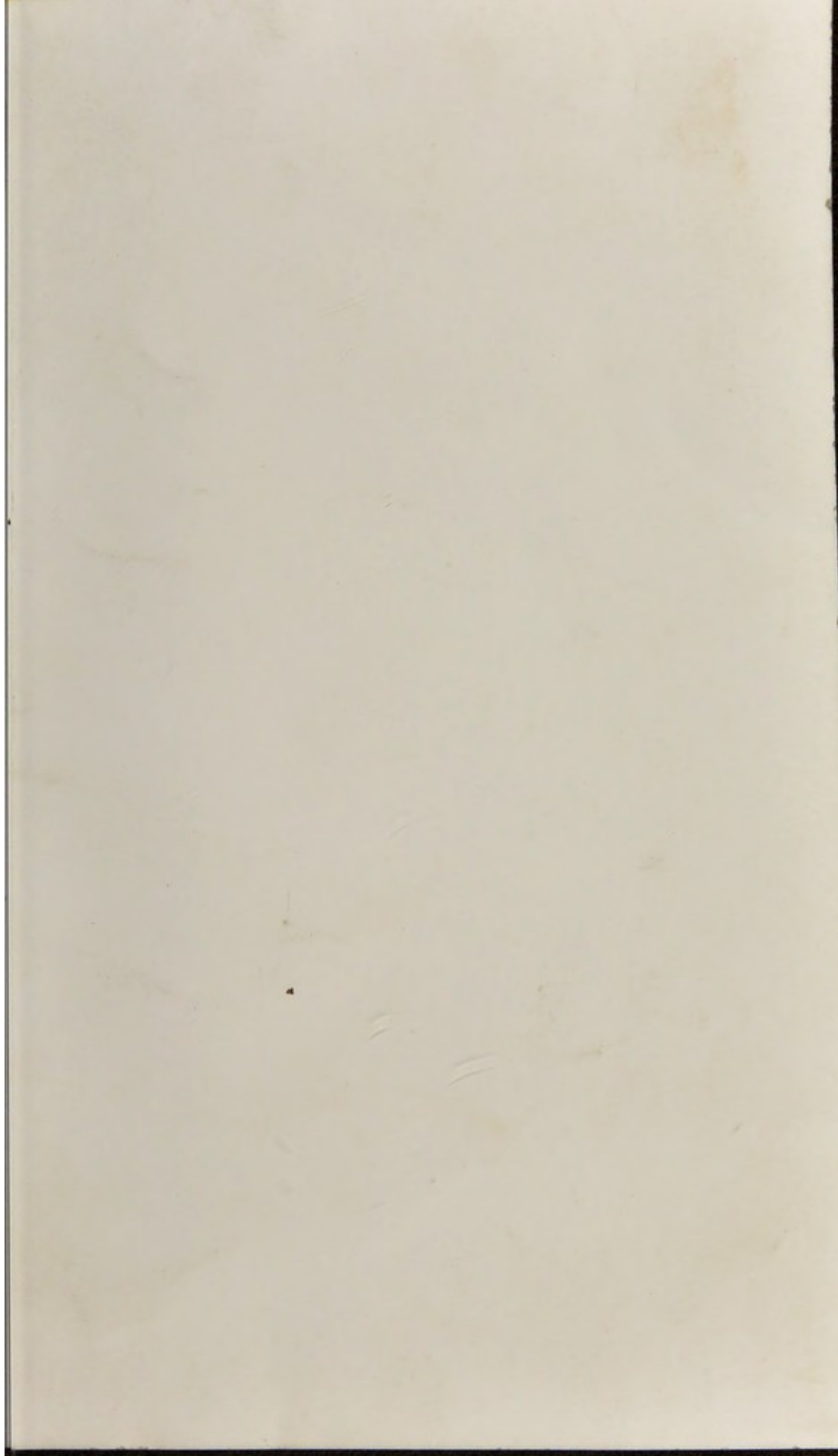
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British Medical Association Annual Meeting, 1885.

SURGICAL SECTION.

PRESIDENT; DR. E. H. BENNETT,

PRESIDENT OF THE ROYAL COLLEGE OF SURGEONS, IRELAND.

INTRODUCTION TO A DISCUSSION ON THE
DIAGNOSIS AND TREATMENT OF
TUMORS OF THE BLADDER.

BY

REGINALD HARRISON, F.R.C.S.,

SURGEON TO THE LIVERPOOL ROYAL INFIRMARY AND
LECTURER ON CLINICAL SURGERY IN THE VICTORIA UNIVERSITY.

INTRODUCTION TO A DISCUSSION ON THE DIAGNOSIS AND TREATMENT OF TUMORS OF THE BLADDER.

MR. PRESIDENT AND GENTLEMEN,

AT the request of the Secretaries of this section, I have undertaken the responsibility of opening a discussion on the diagnosis and treatment of tumors of the bladder.

Only a few years ago, any one occupying this position would probably have felt bound to offer an apology to his audience for the scantiness of the material upon which he had to dilate, such, however, has been the progress of surgery within our recollection, that I feel myself differently circumstanced, and shall ask your indulgence in my attempt to compress the large amount of material which the experience of many has already supplied.

Time is more than precious on occasions such as these, and I must, therefore, avoid all historical references, deeply interesting and instructive as they are, and deal with my subject from a purely clinical point, feeling assured that this is the direction which will best answer our purpose to-day.

Under the guidance of the distinguished surgeon who presides over our section, and in the presence of many who have made valuable contributions to this subject, I have the satisfaction of anticipating that the speakers who follow me will fill in the numerous gaps I must necessarily leave, and correct defects in my statement of which I am only too conscious.

I shall confine my remarks to tumors of the bladder proper, adopting where requisite the nomenclature set forth

in the report of the Committee appointed by this Association, for the drawing up of which we are largely indebted to Mr. Paul.*

It is hardly necessary that I should occupy time with any remarks on the diagnosis of these growths other than those which will incidentally occur. Chief reliance will be placed on the circumstances under which blood appears in the urine, the manner in which the mechanism of micturition is interfered with, the presence or absence of evidences of new growth in the excretion, and the direct and indirect indications which may be afforded by the use of the sound or the catheter.

It will be convenient to arrange tumors of the bladders into two classes or stages; (1), those which during their entire existence, or for a portion of it, occasion either slight or no distinct indications of their presence, and (2), those which declare themselves by symptoms either seriously disturbing the function of micturition, or which by their constancy or degree threaten the life of the patient.

From the manner in which I have thus attempted in general terms to make use of a classification, it will be at once understood that individually I should be guided as to treatment, not by the fact alone that a patient has a growth in his bladder, but by the symptoms it produces.

The mere subjective evidence that a person has a tumor of this kind would not, I submit, warrant the adoption of any operative measures to effect its removal, even if in addition it were possible to demonstrate its existence by other means than digital exploration. Some tumors of the bladder which have been found in the *post-mortem* room appear to have had no history connected with them, and instances are known in patients of the total disappearance, after varying intervals, of symptoms which were unmis-

* *British Medical Journal*, January 12th, 1884.

takably those of villous growth or papilloma. Of the latter I believe that I am acquainted with more than one case. These are important facts, as they seem to indicate that what nature can accomplish art may hope to imitate. How these growths thus disappear, whether it is by an accidental self-strangulation, or by an inflammatory act, it is impossible to say; but that they do so occasionally, without recurrence, I have not the least doubt.

Unfortunately, however, by far the larger proportion of them sooner or later pass out of the condition where operative interference is not to be recommended, and enter upon what I have taken as the second stage of their existence. Whether the transition is slow or rapid, gradual or sudden, much depends on their kind; but whether innocent or malignant, primary or secondary, the great majority of them, sooner or later, make it apparent that life will eventually be destroyed, either by persistent hæmorrhage, or by the degree micturition is interfered with.

The question of operative interference will now be entertained, but before anything further can be said as to the hope of success which is likely to follow this, it is necessary that a more accurate knowledge of the connections of the growth should be obtained. This brings me to speak of digital exploration of the bladder.

If you will look at the two drawings before you, you will see examples of two very opposite conditions; one where everything may be hoped for from operation, where complete recovery modern surgery has proved to be possible; and the other where nothing is to be expected except the relief of those symptoms of urgency which have rendered an opening into the bladder necessary. The first drawing represents a villous growth of three and a half years duration, with a narrow pedicle, and is taken from Quain's *Clinical Lectures*, (Plate XXIV), which have recently been published; the

second is an epithelioma extensively connected with the posterior wall of the bladder, from a specimen of my own in the Liverpool Museum.

Illustrations like the latter tend to show that though the diagnosis may be correct, the prognosis, so far as operative treatment is concerned, may fall very short of our desire, as the propriety of attempting to remove such growths can never be foretold until the finger has been placed in contact with them.

Digital exploration of the bladder relative to the treatment of tumors seems to me to be called for when it can fulfil at least three objects: (1) the relief of symptoms which are otherwise irremediable; (2) for verifying the diagnosis of tumor; (3) for determining whether the removal of the growth can be proceeded with. The circumstances which require a surgeon to open the bladder for the purpose of finding out what is inside it must be very exceptional, but when by this proceeding the three important objects I have mentioned are to be obtained with little risk, then its importance cannot well be over-rated. There are recorded cases which seem to suggest that if the exploratory examination had been limited to providing a means for draining the bladder, and for examining the growth, it would have been better.

In the case of an epithelioma of the bladder, such as you see in the illustration, which I have also taken from Quain (Plate XXIX), to attempt its extirpation is obviously out of the question; to explore it with the finger, and to feel so far satisfied, and, at the same time, to give the patient an opportunity of emptying his bladder completely by means of a short and open road so long as he lives, is legitimate; nay, further, experience has already sufficiently shown that there is no better way of controlling the considerable bleeding which nearly always attends these cases than by providing

the means of permanently maintaining the bladder in a condition of more or less contraction.

And now a few words in reference to the operation for exploring the bladder with the finger. If there are two ways to a place of about the same length but with somewhat different surroundings you may depend upon it you will have two sets of travellers, with the same aims, but with very opposite notions as to the respective merits of the two routes—so with the bladder; though we are agreed as to the necessity of exploring it, we are not so unanimous about the route. In this country, as well as in America, median perineal urethrotomy seems to be preferred; whilst in France, the claims of the supra-pubic operation have been forcibly urged by Professor Guyon, Pousson, and others. Sir Henry Thompson has advocated the former method, not only as being the safest and most convenient for exploration, but, as he has shewn by examples, for extirpating these growths. It seems to me that this form of procedure is to be preferred on several grounds.

In the first place, it provides a direct access to the more usual position of these growths; by a continuance of the incision forwards into the membranous urethra and backwards to the extreme limit of the prostate, it affords more room for manipulation than at first sight appears; but what is of more importance, it is, I believe, the best position for the drainage to follow, which is a most important item in the management of these cases. If a perineal exploration shews the position or character of the tumor to be such as would be benefited by an access from the front, should it be determined to remove it, there is nothing to prevent the addition of the supra-pubic incision, as Billroth demonstrated. A supra-pubic incision is none the worse for having a more dependent opening, as Frère Côme practised a hundred years ago in connection with his success as an

operator for stone. But, as I have already intimated, the great importance of the after-treatment, in relation to thorough drainage, renders to my mind the perineal procedure almost a necessity.

In connection with this point, it must not be forgotten what are the conditions under which these operations are often undertaken. In addition to the tumor which it is purposed to remove, there are usually present, either in the bladder itself, or in the organs associated with it, pathological changes which add considerably to the danger arising from the retention of anything which ought to escape. The viscus is occasionally sacculated, the ureters are patent and frequently largely distended, whilst the kidneys are rarely sound where the obstruction caused by the growths has been of long continuance. Hence we have much to fear from any extension of a suppurative process after the operation, as I have seen in two instances which have recently come under notice. One of the best safeguards against a contingency such as this is thorough drainage, and this I think can best be secured through an opening in the perineum.

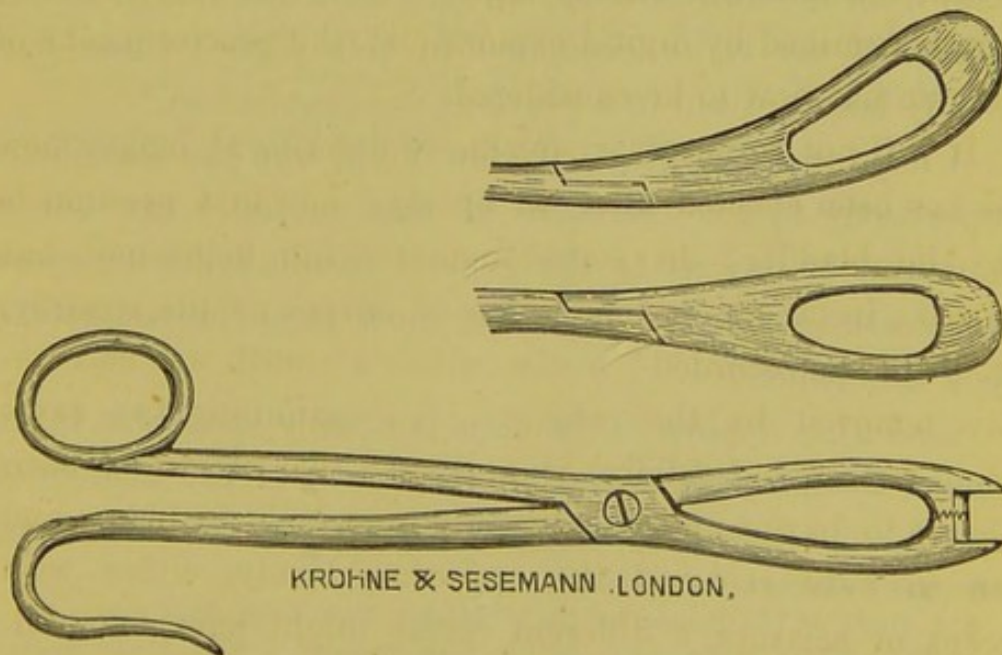
The feasibility of attempting to remove the tumor having been determined by digital exploration, the precise means of doing so has now to be considered.

It will not be necessary for me to describe at length how this has been effected after an opening has first been made into the bladder; in some instances the finger-nail has sufficed; in others, various kinds of forceps; quite recently, Mr. Pitts has recorded* a case where a growth was successfully removed by the *écraseur*. In examining two cases which terminated fatally, it appeared that if it had been possible to have applied a ligature round the pedicles, and then to have removed the growths cleanly, either with forceps or scissors, a different result might have followed.

* *Clinical Society*, May, 1885.

The nearest approach to such a proceeding seems to be one recorded by Mr. Henry Morris,* who, failing on the first attempt to remove a growth in consequence of the want of the most appropriate means for extraction, the patient was left for two days, when the tumor was found prolapsed into the wound. Having stretched the edges of the wound apart by retractors, he succeeded in placing a ligature of catgut over the base of the growth and removing it with scissors. The patient made a good recovery.

When, after the bladder has been opened and explored, it seems practicable to remove the tumor, this should be effected as completely as possible; to take away a portion of it is to leave the remainder to inflame, suppurate, and possibly to become gangrenous, thus providing a fruitful cause for pyelitis, through the largely dilated ureters. Not being entirely satisfied with the forceps that hitherto have been used for the purpose of seizing and extracting these growths, I have had some others made for me by Messrs. Krohne & Sesemann, which, so far as I have been able to judge of them in practice, are well adapted for this object.



* *The Lancet*, April 21, 1884.

It will be seen that they consist of an ordinary pair of bladder-forceps, with a free margin; by this contrivance it is almost impossible to do any damage to the wall of the bladder itself. The removal of the growth is effected partly by twisting slowly with the hand, and partly by the crushing action of the jaws of the instrument. In the exploration of the pedicle, both before and after removal of the growth, I have found one of Marion Sim's enucleator hooks exceedingly useful. If, however, the connections of the tumor are extensive, and there is a doubt as to whether all can be got away without doing serious damage to the bladder itself, I feel sure that we had better content ourselves with the opening, which may under all circumstances be safely made, and the drainage that this opening with a suitable apparatus will provide. The lesser proceeding has in many instances proved the means of arresting hæmorrhage, and of adding materially to the comfort, as well as to the life, of the patient, even where it has been found impossible either to remove the tumor or with safety to reduce its size.

Time will not permit me to illustrate these remarks with cases from my own practice, where I have operated in accordance with the views expressed in this paper; these have already been noticed in a previous communication.*

I hope that Dr. Stein, of New York, who has contributed importantly to the literature of this subject,† can tell us something to-day as to the general results following operative treatment, drawn from his most recent investigations upon this point.‡

And what applies to the male is equally applicable to the female, though with the latter, by reason of the anatomical

* "On the Surgical Treatment of Hæmaturia," Liverpool, *Medico-Chirurgical Journal*, July, 1884.

† *A Study of the Tumors of the Bladder*. New York, 1881.

‡ "Results of Operations on Bladder Tumors," *New York Medical Record*, No. xxvii, 1885.

differences in the parts, both exploration and removal can be more readily effected. My friend, Dr. Alexander, of Liverpool, was I believe one of the first in this country to demonstrate the successful removal of growths from the bladder under these circumstances.

Of excision of portions of the male bladder I have had no experience; so far as I am aware it has been limited to some experiments on the lower animals, in furtherance of the subject which we have now under discussion.

In conclusion, it cannot be denied that operative surgery has already proved itself to be of considerable service in the treatment of a very distressing class of disorders, and for which little is to be hoped for from medicinal agencies.

If I may be thought to have been too general in some of my remarks, permit me to say that this has been my intention; my object has been to open a discussion, and not to narrow it unnecessarily. The time has not arrived when it would be possible to lay down hard and fast lines of demarcation; much must be left to individual judgment. Where therapeutics are to end and surgery is to commence, experience and the application of those principles which are of general utility, and are not the exclusive property of any one set of organs, will enable us to determine what is best for each case as it presents itself to our notice.



