MEYER (W.)

Roser's Sound and Trendelenburg's Catheter-Sound.

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ROSER'S SOUND AND TRENDELENBURG'S CATHETER-SOUND.

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For the last ten years I have been using the above-mentioned instruments to my greatest satisfaction, and have been surprised to see that they were nearly unknown in this country and not at all in use. Being convinced that many patients could be benefited by their application, I presented Roser's sound and Trendelenburg's catheter-sound at the meeting of the Section in Genito-urinary Surgery of the New York Academy of Medicine on May 12, 1892. I also induced Messrs. Tiemann & Co. to manufacture them on a large scale, adding a few modifications which, according to my experience, will make the instruments more handy, more practicable, and more aseptic.

1. *Roser's Sound.*—As seen in the accompanying cut (Fig. 1), its striking features are the short beak and the beautiful curve, which glides over the floor of the urethra with surprising ease. In cases of stricture which are slowly dilated, the latter works admirably. The bulb at the end will prove, in extracting the instrument, how many strictures have been passed and where they are located.

In the first attempts at sounding from the external meatus after external urethrotomy, I have often succeeded at once with this instrument where Otis's sound, carefully and very gently guided, repeatedly failed to enter the posterior urethra.

I have had these sounds made from No. 10 to No. 40 French. They are entirely of metal (nickel-plated) and in one piece. The length of the handle (*a*, *b*) is three inches and three quarters; the length of the sound (*b*, *c*) is nine inches.

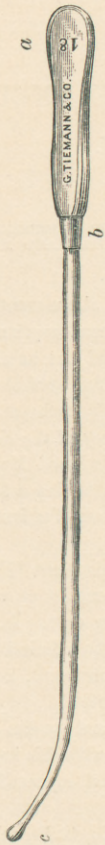

Fig. 1.

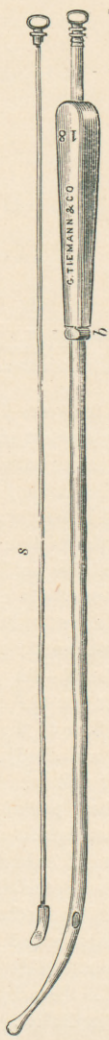

Fig. 2.

2. *Trendelenburg's Catheter-sound.*—The same instrument perforated (Fig. 2). There are two eyes at the junction of the beak and the shaft—one on either side. They can be occluded by a stylet (*s*), which is beveled at its end. The tip of the beak is filled with lead. A metal tube corresponding to the lumen of the internal canal is carried beyond the end of the handle, an inch long, to slip on a piece of rubber tubing, when we use this instrument for washing the bladder. Its end is expanded, and there is a small groove near it (*g*). It receives the silk thread which ties the rubber tube. The stylet has a small round knob at its upper end (*h*) for easier handling. The whole instrument is nickel-plated and can be boiled. I have increased the length of the shaft of this perforated sound by an inch and a half (the entire length from *b* to *c* is now ten inches and a half), and called it the prostatic catheter-sound. To simplify this armamentarium, all catheter-sounds are made of this latter length. So far, Nos. 14 to 26 (even numbers) French are ready for sale. Of course they can be made of any desired caliber.

The prostatic catheter-sound has proved in my hands of great advantage in the following troubles: 1. Cases of stricture, with and without false passages, to prove that the beak has really entered the bladder. 2. Cases of stricture with vesical catarrh, when the bladder has needed washing and a soft rubber conical catheter (French) did not pass so well or would not pass at all. Its use in such cases also does away with the necessity of introducing a second perforated instrument for the purpose of washing after the sound has stretched the stricture. 3. Before all, cases of retention of urine due to hypertrophy of the prostate, more so if the latter bleeds easily. Here the use of the prostatic catheter-sound is nearly indispensable. In many instances it certainly is the only instrument which, when applied, is crowned by immediate success; for it passes the prostatic urethra as a solid sound and is converted into a channeled instrument only when the beak is in the fluid. Thus its eyes can never be occluded by a blood-clot. It is in most of these cases by far preferable to Thompson's prostatic catheter with the large curve. Its introduction is also less painful.

I am sure the usefulness of these two instruments will be generally appreciated. As I have never seen them in the hands of other surgeons here, and as both instruments were entirely unknown to Messrs. Tiemann & Co., as well as their employees (they had never seen or heard of them), I trust I have herewith recommended something that is not already known to every surgeon.

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