SLITTING OF URETERIC ORIFICE CYSTOSCOPICALLY FOR IMPACTED CALCULUS

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This method of dealing with a stone impacted just outside the bladder wall deserves to be more widely known because it generally succeeds with stones up to a certain size. It is a simple measure and may be the means of avoiding a major operation. The intervention should be repeated if there is failure after the first one. I have employed it for many years.

It is a matter of experience that, depending on their size, most ureteric calculi pass spontaneously; never-

FIG. 1.—A plain x-ray film showing the stone in the right side of the pelvis.

FIG. 2.—The drawing shows the actual size and appearance of the stone on two aspects and clearly illustrates the surface irregularities.

theless there is continued growth of the impacted stone with the march of time.

The facts below relate to a man of 40 who had had several attacks of colic on the right side over a period of six months; the last one 2½ weeks before his first visit.

An x-ray film showed a stone in the extramural portion of the right ureter (Fig. 1). It was proved by intravenous urography to be outside the bladder. I carried out cystoscopic meatotomy under a general anaesthetic without success; four months later I repeated the operation. After passing a ureteric catheter up the right ureter a cutting current was used through the meatotome, after this had also been

entered into the ureteric orifice. Thus the orifice was slit from within outwards. The ureteric catheter was left in position for the subsequent 24 hours.

The patient was discharged from hospital four days later with the stone *in situ*, but he ultimately passed it (Fig. 2) 15 days after the operation. An interval of this kind between the operation and the passage of the stone is not unusual.

Subsequent x-ray films showed no evidence of harm to the kidney from the delay between the two operative procedures. Fortunately there is not the same danger to the kidney from back pressure as there is when the stone is lodged in the lumbar region.

It might well be asked how could slitting the ureteric orifice help to dislodge a stone outside the bladder wall, with the narrowest part of the ureter—the uretero-vesical junction—yet to be negotiated? It is probably because the surgical intervention encourages dilatation if not peristalsis of the ureter.

IS LIVER A "TONIC"? A SHORT STUDY OF INJECTING PLACEBOS

BY

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Quite apart from the beneficial effect of liver and vitamin B₁₂ in the megaloblastic anaemias, many doctors believe that some non-anaemic patients feel better after the administration of these substances. Recently Yudkin (1952) administered liver to healthy children. This produced an increase in weight and height which was 20–40% above that of the control group. He suggested that this result was due to a factor other than vitamin B₁₂. Contrary to some American work (Wetzel *et al.*, 1949; Chow, 1951), it has been found that in premature infants (Downing, 1950) and in underweight children (Benjamin and Pirrie, 1952) vitamin B₁₂ did not increase the weight or decrease the incidence of minor ailments.

This report compares the subjective effect of giving liver and vitamin B₁₂ with that of saline in four groups of patients. No blood investigations were done, but all people who had signs or symptoms even suggestive of anaemia were excluded.

Method

It was impossible to define "being run down" or the properties of a "tonic," but it was decided that a satisfactory "tonic" would cause the patient to answer some or all of the following questions in the affirmative: Do you feel better? Are you more energetic? Is your appetite better? Are you sleeping better? These four questions were listed in a questionnaire, each question being put the three possible ways—namely, Do you feel the same? Do you feel better? Do you feel worse? The questions were read over to the patient at the time of the injection and filled in a week later.

Equal numbers of ampoules containing either 2 ml. of "plexan" (a liver extract) or 50 µg. of vitamin B₁₂, or 2 ml. of normal saline, were prepared and so coloured that they were indistinguishable. Each ampoule was identified only by a random number, the significance of which was unknown to the observers.

There were four groups of volunteers. In Group I were young adult males with active pulmonary tuberculosis, all in one ward; in Group II were middle-aged or aged patients of either sex in a chronic ward suffering from various diseases such as paraplegia and chronic arthritis; in Group III were middle-aged orthopaedic out-patients of either sex attending a physiotherapy department, mostly for rheumatoid arthritis; and in Group IV were general practitioners' patients of either sex and varied ages who asked for a "tonic."

It seemed that the effect of these substances could be studied either by giving a large number of different injections to a few suitable subjects or by giving a single injection to a large number of subjects. In fact, it was found convenient to compromise, and a considerable number of patients each had from one to six injections. Repeated injections were nearly always given at weekly intervals. The number of patients was left to the arbitrary choice of the individual observer.

Results

A total of 227 injections were given to 86 subjects with an almost equal distribution of the three ampoules. The answers of all groups to the question "How do you feel?" are represented in the last column of Table I. Following an injection of vitamin B₁₂ and "plexan" 49% and 48% respectively of the answers claimed an improvement, compared with a 43% improvement after saline. This difference