SLITTING OF URETERIC ORIFICE CYSTOSCOPICALLY FOR IMPACTED CALCULUS

BY

H. P. WINSBURY-WHITE, F.R.C.S.

Senior Surgeon, St. Peter's and St. Paul's Hospitals for
Urological Diseases

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-

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

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.

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

J. R. O'BRIEN, D.M.

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

cannot be regarded as significant. The answers to the remaining questions also showed no significant difference between the three types of injections.

Since the three kinds of injections could not be distinguished, they must be assumed to have had no physical effect as a tonic. All 227 injections can therefore be regarded as placebos, irrespective of the contents of the phial.

Differences Between Groups.—In Table I the results are divided according to the group to which the subject belonged. Again saline was not appreciably inferior to liver

TABLE I.—Answers to Question "How Do You Feel?"

		Group I		Group II		Group III		Group IV		Total	
		%	No.	%	No.	%	No.	%	No.	%	No.
Plexan	Better	11	1	14	3	69	9	70	23	48	36
	Same	78	7	81	17	31	4	24	8	48	36
	Worse	11	1	5	1	—	—	6	2	4	4
Vitamin B ₁₂	Better	17	3	23	3	64	7	73	24	49	37
	Same	83	15	77	10	27	3	24	8	48	36
	Worse	—	—	—	—	9	1	3	1	3	2
Saline	Better	16	3	16	2	64	9	61	19	43	33
	Same	79	15	84	10	29	4	29	9	50	38
	Worse	5	1	—	—	7	1	10	3	7	5
Total	Better	15	7	16	7	66	25	68	66		
	Same	81	37	82	37	29	11	26	25		
	Worse	4	2	2	1	5	2	6	6		

or vitamin B₁₂. There is, however, a marked difference between the groups; an improvement was reported many more times in Groups III and IV than in Groups I and II. This difference must be explained by the degree of suggestibility of the patient or the degree of suggestion employed by the doctor.

In Group I the doctor in charge was strictly neutral. He explained that it was a trial. The subjects—young Service personnel—were probably less suggestible than those in other groups. In Group II another doctor selected from his chronic ward patients whom he thought would be reliable witnesses, and asked them to "try to distinguish between the injections, some of which were supposed to be a tonic." Group III injections were given by a strictly neutral sister, and no mention was made of a "tonic," the patients assuming that the injections were for their rheumatism. The high degree of improvement reported may have been due to the general air of optimism in a physiotherapy department dealing with a chronic disease. The patients in Group IV had asked their doctor for a tonic, and by so doing had virtually declared themselves as mentally unwell.

Differences Between Sexes.—In Groups II and III the females reported more improvement than males, owing presumably to the greater suggestibility of women. There was no such sex difference in Group IV, consisting exclusively of the self-declared mentally unwell.

Differences Between Questions.—On the whole within each group the percentage of replies reporting better, same, or worse was about the same for each of the four questions, but there were exceptions. The percentages of answers reported after the 97 injections given by the general practitioners are shown in Table II.

TABLE II.—Results in Group IV

		Plexan	Vitamin B ₁₂	Saline	Total
Feel	Better ..	23	24	19	68%
	Same ..	8	8	9	26%
	Worse ..	2	1	3	6%
Energy	Better ..	24	18	20	64%
	Same ..	8	14	8	31%
	Worse ..	1	1	3	5%
Sleep	Better ..	12	12	11	36%
	Same ..	18	20	15	55%
	Worse ..	3	1	5	9%
Appetite	Better ..	11	9	12	33%
	Same ..	22	22	17	63%
	Worse ..	—	2	2	4%

The great improvement in the sense of well-being and energy contrasts with the slight improvement in sleep and appetite. This presumably indicates that it is easier to persuade oneself of an improvement of a feeling which is entirely subjective than to persuade oneself of an improvement in a function that has some measure of objective assessment.

Conclusions

The patients investigated could not distinguish between injections of liver, vitamin B₁₂, and saline. The reported effect of the injections probably depends on the suggestibility of the patient and the attitude assumed by the doctor. Women appear more suggestible than men, and subjective sensations are more likely to be influenced than those capable of in part objective assessment.

Summary

A total of 227 injections of liver, vitamin B₁₂, and saline were given to four groups of non-anaemic patients.

The "tonic" effect of an injection of saline was no less than that reported after an injection of liver or vitamin B₁₂. The reason for the different trends of the answers between the groups is discussed.

My grateful thanks are due to the following for giving the injections and thereby enabling this study to be achieved: Drs. M. C. Cooper, S. M. Davidson, J. A. Ewing, H. A. W. Forbes, P. Metcalfe, A. R. Walker, F. L. Willington, and Mr. M. H. Salz. My thanks are also due to Messrs. Glaxo Ltd. for preparing and disguising the ampoules.

REFERENCES

- Benjamin, B., and Pirrie, G. D. (1952). *Lancet*, 1, 264.
 Chow, B. F. (1951). *J. Nutr.*, 43, 323.
 Downing, D. F. (1950). *Science*, 112, 181.
 Wetzel, N. C., Fargo, W. C., Smith, I. H., and Helikson, J. (1949). *Science*, 110, 651.
 Yudkin, J. (1952). *British Medical Journal*, 1, 1388.

Medical Memoranda

A Case of Carcinoma of Colon Presenting as Pyelitis

Vesico-colic fistula is a well-known but rare complication of either diverticulitis or carcinoma of the pelvic colon. Rarer causes are trauma, carcinoma of the bladder, tuberculosis or actinomycosis of the bowel, and carcinoma of the ovary.

The characteristic symptom is pneumaturia and the passage of small flakes of faeces per urethram. Before the formation of the fistula occurs, however, there may be attacks of cystitis. Infection of the upper urinary tract is rare, and in 16 of Edward's (1948) cases occurred only once. In the following case two attacks of pyelitis occurred five months before the onset of pneumaturia.

CASE REPORT

A man aged 47 was admitted to the London Hospital on August 13, 1951. Five months previously he had been admitted to another hospital with acute pyelitis. He had rigors, severe pain in the loins, suprapubic pain, severe dysuria, and increased frequency of micturition. His symptoms improved after a course of potassium citrate and "sulphatriad." Subsequent cystoscopy, intravenous pyelography, and barium follow-through showed no abnormality. Two weeks later he again developed severe pain in the loins, and this persisted. Ten days before admission he noticed passage of gas per urethram and that his urine was very dirty.

Five days before admission he was seen in the out-patient department of the London Hospital. Cystoscopy failed because the urine was so dirty. It contained pus, and *Bact. coli* grew on culture. On examination he was a sallow, ill-