REPORT

OF

LITHOTRITY AT A SINGLE SITTING:

A SERIES OF CASES.

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I DESIRE to place a brief record of my recent experience of the method of removing calculus from the bladder at a single sitting before the profession. I would gladly have done so at the forthcoming meeting of our Association; but, as it is not possible for me to visit Cork this year, I send this paper to the JOURNAL beforehand.

I shall narrate the chief particulars of thirteen cases, all but the first, which was in December 1878, occurring in the current year. I have purposely omitted three or four cases of operation on small stones—I mean those which weigh less than eighty or ninety grains, or thereabout—since I have for years past always removed such at one sitting, and also because they do not in any way illustrate that extension of the crushing process which is at present under consideration. I have not yet applied the plan to cases of large calculus; that is, to those weighing between one or two ounces—leaving these, as heretofore, to lithotomy.* I have in all cases used my own lithotrites with the cylindrical handle; but I have also employed for the latter three cases a more powerful instrument, although but very little exceeding in size those I have hitherto employed. This has been applied chiefly during the first part of the procedure; viz., that of breaking the stone into large fragments. The difference in this new lithotrite consists in making the lower part of the male blade keel-shaped, or like the prow of a ship, while the upper part is still flattened; so that the instrument may execute powerful cutting and crushing actions simultaneously. The male blade is also placed at right angles with the shaft, and thus acts at great advantage in comparison with a blade diagonally placed. At the same time, the female blade retains its curve, enabling the instrument to be introduced with as much facility as heretofore. Lastly, I have thickened the sides of the latter, and enlarged the opening to admit the prow of the male blade to enter it and drive out any *débris* which—with the increased amount of work now required—might otherwise lodge and impact the blades. (See figs. 1 and 2.)

Fig. 1.—The male blade, showing that it is almost vertical in profile, and the prow-shaped form of the lower part gradually becoming flattened above; transverse sections of the blade, A at the upper part, B at the middle, and C near the base, show this form.

Fig. 2 represents the male and female blades and the opening which is filled by the projection of the lower part of the former when the lithotrite is closed.

* Since writing the above, I have applied it to one of nearly nine drachms: it is the last case, No. 13.

In all the cases appended, I have used my improved aspirator, which I have described in the *Lancet*, February 1st, 1879; and have removed large quantities of *débris* by it, and a smaller quantity by means of the flat-bladed lithotrites.

CASE I.—A gentleman aged 54. December 16th, 1878. A sitting of nine minutes' duration. Calculus chiefly phosphatic, with some oxalate of lime. Weight of *débris* after drying, 97 grains. Sent to me by Mr. Spencer Wells, who, as well as Mr. F. Jordan of Birmingham, was present at the operation. One small fragment only was removed afterwards in my room. He still forms phosphates, and washes his bladder out twice a week to prevent fresh accretion.

CASE II.—A gentleman aged 69. January 22nd, 1879. A sitting of eleven minutes' duration. Calculus uric acid; weight of *débris*, 172 grains. Sent to me by Mr. Lathbury of Finsbury. Result successful; but the patient proved to be also diabetic.

CASE III.—A gentleman aged 68. January 31st, 1879. A sitting of nine minutes' duration. Calculus uric acid; weight of *débris*, 114 grains. He was sent to me by Mr. J. H. Walters of Faringdon. His recovery was rapid and complete.

CASE IV.—A gentleman aged 79. February 12th, 1879. A sitting of twelve minutes' duration. Calculus phosphatic; weight of *débris*, 194 grains. A year before, I removed four uric acid calculi of considerable size by lateral lithotomy, from which he rapidly recovered; but he had enlarged prostate, passed all his urine by catheter, and had now formed this phosphatic stone. Mr. Clover gave ether on both occasions.

CASE V.—A gentleman aged 65. February 13th, 1879. A sitting of six minutes' duration. Calculus phosphatic; weight of *débris*, 116 grains. Sent to me by Mr. Holberton of Hampton. He passes most of his urine by catheter, and has done so for some years past. He still forms a little phosphatic material, and requires washing out to prevent re-formation of the calculus.

CASE VI.—A gentleman aged 69. March 15th, 1879. A sitting of ten minutes' duration. Calculus uric acid; weight of *débris*, 200 grains. Seen in consultation with Dr. Bantock, who was present at the operation. A few small pieces were left, and removed at two subsequent explorations. The recovery is perfect.

CASE VII.—A gentleman aged 47. March 28th, 1879. A sitting of seven minutes' duration. Calculus pure triple phosphate—a rare form, and harder than the common or fusible phosphate; weight of *débris*, 94 grains. Sent to me by Dr. Mitchell of New Cross, who, with others, was present at the operation.

CASE VIII.—A gentleman aged 66. June 2nd, 1879. A sitting of ten minutes' duration. Calculus uric acid; weight of *débris*, 175 grains. Seen in consultation with Dr. Owen Rees, who was present at the operation. The recovery is complete.

CASE IX.—A gentleman aged 70. June 12th, 1879. A sitting of ten minutes' duration. Calculus uric acid; weight of *débris*, 198 grains. Sent to me by Dr. Ryott of Newbury, who was present at the operation. The recovery is complete.

CASE X.—A gentleman aged 60. June 20th, 1879. A sitting of nine minutes' duration. Calculus oxalate of lime; weight of *débris*, 165 grains. Seen in consultation with Mr. John Morgan of Sussex Place, who was present at the operation. Mr. John Morgan of Chapel Street administered ether. The result thus far leaves nothing to be desired.

CASE XI. A gentleman aged 70. June 25th, 1879. A sitting of twelve minutes' duration. Calculus mixed oxalates and urates; weight of *débris*, 214 grains. Seen in consultation with Dr. George Johnson, who was present at the operation. The recovery, thus far, is all that could be wished.

CASE XII.—A medical man aged 41. July 16th, 1879. A sitting of fifteen minutes' duration. Calculus phosphatic; weight of *débris*, 208 grains. A small portion, which evaded two or three trials, was left. The patient had an attack of orchitis and fever, which postponed the remaining search for a few days. I have just removed ten grains more, and he is now recovering steadily.

CASE XIII.—A gentleman aged 78. July 19th, 1879. A sitting of twenty-five minutes' duration. Calculus large hard uric acid; weight of *débris*, 329 grains. Sent to me by Mr. Quain of Cavendish Square. The patient's medical attendant at Cannes, whence he came—Dr. Stephen—was present. Large as this quantity was, the whole of the stone was by no means removed; but Mr. Clover thought the patient had been sufficiently long under the influence of ether. I therefore postponed the proceeding until the 22nd, when I took away 192 grains more in thirteen minutes, making a total of 521 grains, or nearly one ounce and one drachm. He has had no fever and is doing well.

The result appears to me to be encouraging. I felt, as I stated last year in a lecture at University College Hospital, that "the proposal to

remove a large and hard calculus at one sitting was an attractive one,and that I was predisposed to regard favourably any plan by which we may hope to take away once and for all the hard and angular fragments which must remain after an uncompleted sitting". My experience has confirmed, perhaps even beyond my expectations, the prepossessions thus expressed for this endeavour to complete an operation by lithotripsy in a single effort, but more prolonged than heretofore; and I have no hesitation in stating that we owe to Professor Bigelow the assurance that so much manipulation is tolerated by the bladder in the process of removing the stone, provided we take it away entirely, or nearly so. It is quite true that the presence of sharp broken fragments in that viscus does more damage to it than the prolonged, but of course careful, use of instruments for their removal. My former partial but not complete recognition of this fact for years past led me to observe the value of a prompt and free use of the lithotrite and of Clover's aspirator when inflammation of the bladder has been produced by fragments: a fact to which I have called especial attention on repeated occasions. Under such circumstances, I have with those instruments removed from one hundred to one hundred and fifty grains at once, and thus instantly checked a violent cystitis.* It is unquestionably better, however, to prevent than to cure; and this lesson, I think, is one which may be deduced from the foregoing cases.

There is one observation I may make, and it is this. When the great bulk of a calculus of considerable size has been removed, say in fifteen or twenty-five minutes, or thereabout, and it is quite obvious that a small piece or two only remain, I would advise that, if another effort or two to remove these last be unsuccessful, it is better not to repeat fruitless manipulations, but to give over the search to a future attempt. As far as my brief experience above given enables me to judge, it is wise, I think, to leave, as I did in three or four cases, a fragment or two, which seemed unwilling to be caught, until a day or two later, when they may be found in a tranquil bladder without difficulty, and meantime had clearly done no harm.

Lastly, there is a fact about which I have now no manner of doubt; viz., that large and clumsy lithotrites are unnecessary for our purpose; and that the instruments which I have described above are more efficient, safe, and speedy in their action than the large and unwieldy lithotrites which have been proposed.

THE TELEPHONE AND DISEASES OF THE EAR.

THE introduction of new inventions amongst the practical requirements of civilised life brings with it its disadvantages. The telephone, when further improved, is no doubt destined to become a most useful agent in daily intercourse; and I do not wish to create unnecessary alarm by pointing out a possible source of inconvenience in its use. The following case which has come under my notice will exhibit a way in which the ear may be more or less injured during the use of the telephone.

A woman, about thirty-five years of age, manageress at a smallware manufactory in Manchester, which was connected with its office (two miles off) by a telephone, was listening to a message, when a violent clap of thunder took place, and which appeared to be conveyed through the wire. The effect on the listening ear was that of complete numbness and deafness, accompanied by a sensation of giddiness, slight nausea, and tinnitus aurium. These symptoms, with the exception of the deafness, passed away in a few minutes. I did not see the patient for three or four days after this occurrence, and cannot, of course, speak to the amount of deafness at first produced; but, on the fourth day, I examined the left ear (the listening ear), and found the hearing distance twenty-fourth-eighths of an inch. As my patient had always had perfect hearing with both ears, and had never experienced any difficulty in hearing before, I think it very unlikely that this degree of deafness was due to any previous affection of the ear. She stated that she had never had anything the matter with her hearing until using the telephone during the storm. I have examined her lately, and found both ears and hearing distance quite normal; nearly a fortnight elapsed, however, before perfect hearing returned. This case was no doubt due to a concussion of the auditory nerve. In its present form, the telephone is almost useless to those who have even a comparatively slight degree of deafness.

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† Among other instances, the following is from a clinical lecture given at University College Hospital, December 1875, reported in the *Lancet*, January 8th, 1876. "Treat any cystitis that may occur during the course of the sittings, especially if it is severe, by freely crushing the stone without delay. I have for some years insisted on the importance of this practice in my teaching. . . . The more I see of the operation, the stronger is my conviction of the great importance of this practice, and the more ready I am to adopt it. . . . Under these circumstances, I place the patient under the influence of ether, crush freely all the large and sharp pieces, and wash out the debris with Mr. Clover's aspirator." The same principle was laid down, although less absolutely, in the second edition of my *Lithotomy and Lithotripsy*, 1871.

OBSERVATIONS ON MEDICAL EDUCATION.

BEING THE

President's Address delivered at the Annual Meeting of the Metropolitan Counties Branch.

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GENTLEMEN,—In taking the Chair just vacated by our esteemed and eminent retiring president, I cannot but feel that I come short of that perfect adaptation of the man to the place which has so satisfactorily characterised his term of office during the past year. I cannot lay claim to the comprehensive business capacity and impelling energy which has aided so powerfully in forwarding the progress of the Metropolitan Counties Branch of the Association, and in guiding its councils during a period of extensive development of its usefulness by the establishment of district branches in various parts of this great city. Nor can I hope to equal him in the experience of his decided views upon the various important and moot points of medical politics which are now under discussion by the medical profession, and under review by the general public.

But I may justly satisfy my desire to prove myself in some degree worthy of the great honour you have done me in electing me your president, to the extent of saying that, in the high estimation in which your suffrages are held, and in gratitude for such a mark of your favour and consideration as my present position carries with it, I yield to no one who has heretofore been so honoured as to occupy this chair. To the utmost of my humble capacity, I will endeavour to aim at a standard of usefulness which will justify at least your choice, and will also, I trust, advance your business satisfactorily.

It is customary, I believe, on the occasion which I find before me to declare (as more important ministers are wont to do) what may be called a policy, or to offer, at all events, an opinion for your consideration upon some topics of professional interest. It would not be becoming in me to trouble you with many things, and we have scarcely the time (before our more festive development) to say much. It is best, therefore, that what I have to say should concern what has been one of the most important functions of my professional career—viz., medical education. I feel sure that a man can tell most effectively and most to the advantage of his hearers about matters that he has practically dealt with most of the days of his life. Thus one may be able to "point a moral" which may hit a mark.

History is said to be continually repeating itself. Reflection upon the history of medicine and its professors has convinced me that social developments of this kind certainly do so to a considerable extent—but with a difference—a difference which reflects the altered conditions of the social circumstances. Before I can point the moral that this form of analogy offers, I must lead you through a short tale which it adorns. Let me hasten to assure the more apprehensive of my hearers that I am not going to begin at Tubal Cain or the immediate posterity of Noah, nor yet at Machaon and Podalirius, the "wise physicians skilled all wounds to heal", who were "worth more than armies to the public weal"; but I will begin at a period succeeding to the great revival of learning, when our now time-honoured medical corporations had their somewhat humble origins under the palladium of the Lord Mayor as worshipful companies of the city. At this time, there were three bodies in charge of the health of the lieges of the sovereign, viz., the College of Physicians, the Worshipful Company of Barber-Surgeons, and the Company of Apothecaries. To the first belonged the privilege of prescribing the treatment then deemed proper for all injuries and diseases to which the human frame is liable. The two others were respectively the right hand and the left of the prescribing body; the one to perform all the operations then deemed safe and necessary, from bleeding to shaving of the head; and the other to compound the nauseous and strange pharmaceutical or alchemical remedies which were in vogue. The Fellows of the College of Physicians were graduates of the Universities of Oxford or Cambridge, or of Leyden, Paris, or Padua, and were deeply imbued with, and often no mean proficient in, the classical, philosophical, and mathematical learning of the day. The study of Hippocrates, Dioscorides, and Paulus Aegineta, and of Galen and Celsus, made them accomplished classical scholars, and attached