CASE OF
CALCULUS IN A FEMALE, EXTRACTED BY
DILATATION.

TO THE EDITOR OF THE PROVINCIAL MEDICAL AND
SURGICAL JOURNAL.

SIR,

On Tuesday, the 17th of August, two stone operations took place at the Lowestoft Infirmary, one patient was a boy, 8 years old, the other a female, aged 19, from the neighbourhood of Cromer. As the calculus removed from the female was of rather large dimensions, and accomplished with great facility by means of *dilatation*, I am induced cursorily to notice the case in your Journal.

Many of our best surgeons are divided in opinion as to the *safest* mode of extracting calculi from the female bladder. There are some who deem an incision the best practice, and who assert that the use of the knife is less frequently followed by incontinence of urine than when dilatation is employed. Stone in the female bladder not being of frequent occurrence, experience does not permit me to offer a decided opinion on the subject. I am enabled, however, to state, that in a conversation which I had the privilege of holding with Mr. Crosse, of Norwich, a few days after the operation, he informed me he had had repeated experience of both ways of proceeding to relieve a female patient of stone in the bladder; and that he was fixed in the opinion that *dilating* is to be preferred to *incision*, when the calculus is of moderate size, and even when the size of the foreign body cannot be satisfactorily estimated, or is believed to be large, he prefers commencing by the dilating process, until the finger can be freely admitted into the bladder, when cutting can then be practised to the extent required. The dilatation, he moreover remarked, should be effected slowly, and most gradually, and uniformly; when these rules have been observed, he has known the power of retaining the urine permanently re-established after the removal of calculi, the smallest circumference of which measured from four and a half to five inches.

In the case which came under my own notice I employed Weiss's dilator. The process of dilatation was commenced at eight in the morning; at the end of every two hours I visited the patient for the purpose of giving the screw of the instrument from a quarter to half a turn. By six in the evening the urethra was sufficiently dilated to enable me with facility to introduce the index finger of my left hand into the bladder, and to feel a calculus, which I judged to be of considerable size. By the aid of a pair of moderate-sized lithotomy forceps, I easily embraced it, and then cautiously and gradually commenced its extraction, which was effected at the end of about half an hour. It proved to be of the mulberry kind, of an egg shape; its longest circumference measured four inches and a quarter, its shortest three inches and three quarters, and it weighed exactly an ounce.

For about ten days after the operation there was more or less incontinence, but after that period it gradually decreased, and the urine could be retained

from four to six hours. On Saturday, the 4th of September, she was discharged cured.

Nothing particular occurred in the course of the operation performed upon the boy. A calculus was extracted, composed of the triple phosphate, which weighed one drachm.

I may here remark, that upon every occasion in which I have been called upon to cut for the stone, I have scrupulously avoided the employment of any kind of gorget, and that the last twelve patients, whose ages have varied from sixty-eight down to two and a half years, have been operated upon successfully.

I remain, Sir,

Your obedient servant,

W. C. WORTHINGTON, F.R.C.S.,

Senior Surgeon to the Lowestoft Infirmary.

September 14, 1847.

CASE OF CATARACT OCCURRING IN
EARLY LIFE.

By AUGUSTIN PRICHARD, Esq., Surgeon, Bristol.

(Read at the Annual Meeting of the Bath and Bristol Branch of the Provincial Medical and Surgical Association, held at Bristol, July 22nd, 1847.)

At the December quarterly meeting of this Association, in the year 1845, I had the honour of introducing to the notice of the gentlemen present a country lad, 17 years of age, who had been the subject of congenital cataract, and upon whom I had operated about three days previously. The case terminated by the boy having fair sight with one eye, sufficient to enable him to work in the fields by digging potatoes, and to look after horses. Beyond this he had no ambition, and he was so satisfied with his acquirements that I could not induce him to learn a single letter. I have recently been fortunate enough to meet with a much better case, which I will lay before the Society, relating all the particulars as I noted them down at the time, with the remarks of the patient in her own words.

Ann Harris, aged 27, was brought from Abersychan, beyond Pontypool, to the Eye Dispensary, and was admitted a patient on the 16th of June.

She had good sight when she was born, but in her third year she had a severe attack of small-pox, which destroyed the left eye, and from that time the right began to fail. The right eye also suffered from the same attack, which has left a slight central corneal opacity behind it.

When she was admitted the left eye was completely sunk; the right presented a fully-formed white cataract, with the corneal opacity, and a remarkably healthy and active iris. She has been blind (or nearly so,) for twenty-four years out of the twenty-seven which she has lived. She could make out the colour of objects when held very close to her eyes. She is very intelligent and quick, and her memory is good. She has been in the habit of doing all the baking and washing of her mother's house, and her mother whose sight is now failing from old age, is accustomed to

apply to her blind daughter to have her needle threaded; this she performs in the ordinary way for blind persons, *i.e.*, with the help of her tongue. She is very religiously disposed, and told me a few days ago that she had always believed that she should receive her sight in answer to her prayers. Her friends objected to her coming to Bristol until she had expressed her determination to come alone, to try what could be done for her sight; they considered that as she was born blind she ought to remain so, from a degree of misdirected faith, which was the cause of her blindness, for when we asked her how it was she had not been vaccinated, the answer was, "Her father objected: that if it pleased the Lord that she was to have the small-pox, he had no right to do anything contrary to His will."

She knew, of course, everything by touch, and could partly see the form of her hand when it was held between her eye and the light. She had also been able to see the moon on bright nights, but its form had always appeared the same, whether it was full or not. She was thus able, *besides colours*, to distinguish by sight what was *round*. She also knew what was *long*. She is, moreover, rather imaginative for a person in her situation in life; for whilst she maintains that she has no recollection of having seen more than the light, she says that she has "fancied" objects, and that they have been shewn to her in her dreams, and in her mind's eye," as they had previously been described to her. She says that she has in this way seen in her dreams all common objects, such as plates, knives, &c., and also flowers; and that she has seen the bible, open, with the print coming to within a finger's breadth of the margin of the paper.

She has a considerable enlargement of the thyroid body upon the right side, and I may here remark, that she is the third female patient who has been cured of cataract by operation from the same village within the last three years, and that they were all the subjects of bronchocele.

I operated upon her eye upon the 17th of June. The pupil was, as usual, previously dilated by means of belladonna. It is of course unnecessary to detail the steps of the operation, in which there was nothing very unusual; the object was to rupture completely the anterior capsule of the lens, to break up the cataract, and to remove, if possible, some portions of it out of the axis of vision. The lens was rather brittle. At the close of the operation the eye was left with a clear space in the centre of the pupil, with a solid portion of the lens below, and two or three lacerated portions of capsule rather projecting into the anterior chamber. During the operation her eye was of course exposed to a tolerably strong light, opposite the window, but afterwards the room was darkened, and she was placed for a few minutes with her back to the window. When she was allowed to open the eye, after the lapse of about five minutes, she was in raptures at the new scene, and said "Oh! God be praised, I see hundreds of windows, white and light, and so bright, all around me." There was then no window in sight, and I therefore attributed this expression to the impression of the strong light during the operation. She however recurred to it herself two or three days ago, and told me, that upon

consideration the white light must have been the bosoms of the shirts of two or three gentlemen who were standing round her, for it was not light enough for a window, as she had afterwards learnt to see it. She was told to look at her hand. She held it up, and said, "I see my hand, and the fingers; they are so thick, and so long. And I see my arm." A watch was swung backwards and forwards before her eyes at some distance, she said "I see things moving about, all white and blue; I am in a new world." It was not considered prudent to try her eye any more at this time, and it was therefore tied up in the usual way, and she was put to bed.

When I visited her in the evening, she had had some little pain in the back of her head, but her pulse was quiet. She told me that she had nearly fainted when we left her in the morning, for she was so "terrified at seeing her fingers, how long they were." The next day she had considerable intolerance of light, as might have been expected, but she had no bad symptoms.

On the 20th of June, (*i.e.*, on the third day after the operation,) I found her sitting up, but with her eye still covered. She could now bear the light pretty well; the room was of course still kept almost dark. I showed her my walking stick; she knew that it was long and whitish, but she did not know what it was until she felt it. I held an open book before her; she knew that it was longer in one direction than the other, but she could not name its shape; she also saw that it was darker in the centre, but that about the edge all round it was white. She could not tell what it was. She thus described the book as she saw it, without knowing what it was, almost in the same words as those by which, before the operation, she had described the book as she had been taught. She had no power of connecting what she now saw with what she previously knew, by touch and by description, proving that although she said she used to see the bible with her mind's eye, and was able to tell in words what it was like, it was necessary for her to have real experience of it as it actually appears to the eye, before her brain was able to connect the idea already formed with the impression made on the sensorium, through the medium of the optic nerve.

I told her to put up her hand to the object which I held before her, and she then at once said it was a book; and from that time she always knew a book when I held one before her. She could see the patchwork quilt upon the bed, even although the room was very dark.

On the 21st I shewed her a plate; she knew that it was white and round, but did not know what it was. I showed her a book; she told me at once what it was; she said that a shilling looked different from a sovereign, and that the latter was like the moon. She did not know what they were until she took them in her hand. She says she expects to see the stars "like sparks in the sky."

23rd. The sixth day after the operation. Her eye is now able to bear a considerable amount of light; she has been since the 21st busily employed in looking about the kitchen where she sits, and she now knows

most ordinary articles, and many flowers. She does not forget anything which she has once seen. She could not distinguish a plate from a saucer.

28th. It is now rather difficult to find a common article which she does not recognize. I held up one of my gloves with the fingers spread out, and asked her what it was. She was puzzled for a time, but at last she guessed "a pair of gloves." Now this she had not seen before, but she knew the form of the hand and its colour, and she could see that the glove was not my hand, for I held it up to her, and she could also see that it had the shape of the hand. And thus within little more than a week after the operation, she could put together her experience so as to make out that the object which I held before her was a glove, or as she called it, "a pair of gloves."

July 2nd. A fortnight after the operation. I found her walking in the court. She could see the flowers, and could count the buds upon a rose tree at the distance of a few feet; and she could see the yellow anthers of a white lily, and the separate petals.

5th. She took a walk through the city and was very much interested by seeing the shoes, hats, watches, &c., in the shop windows. She pointed them out herself, and knew them at once, and described them to me afterwards, expressing great pleasure at being able to distinguish them.

8th. She was shewn a dove: she soon learnt to know it, and she could distinguish the ring round the neck. She expressed great delight that the first bird which she saw should be a dove, as she had heard so much about the dove and Noah's ark. She can see the windows of the houses at a considerable distance, and could distinguish that some were open and others shut, and she could see something moving in one of them,—this was a child at play.

12th. She continually says that she is ashamed to look any one in the face. Whenever she attempts it she begins to laugh. When she was shewn a portrait painted in oils, of the size of life, she could distinguish the eyes and nose, but she began to laugh in the same way. Among the plates in a work upon Natural History, she recognized at once the picture of a bird, and pointed out its head and tail, (for she had learnt birds, having seen a dove,) but she could not tell a fish. From a drawing-room window she pointed out a horse and carriage, passing up the street, and said that there was a lady in the carriage. I shewed her the picture of an Indian, with a thick club in his hand; she said it was a man with an umbrella.

It is now upwards of a month since the operation, and the state of her eye is as follows:—There is a portion of perfectly clear pupil in the centre, and at the external part of the pupil, through which she sees. The most solid piece of the lens is below, and is gradually diminishing by absorption. The corneal opacity is in *statu quo*, and seems to be of but little consequence. The sight improves considerably from one week to another; a four-inch convex glass, which brings the rays to a focus upon the retina, very much improves the powers of vision, with it she can see to distinguish large letters from one another, although she does not as yet know any of them.

She has been sent home, with directions to return in two or three months' time, when the lens may be expected to be absorbed, and then she will be furnished with a suitable glass, and I feel no doubt that if no unforeseen accident occurs, she will learn to read and write in a very short time, and to do everything by her sight, as well as she has hitherto done by means of the sense of touch.

OBSERVATIONS ON PLACENTA PRÆVIA.

By JOHN JONES, Esq., Surgeon, Derby.

(Read before the Provincial Medical and Surgical Association, at the Anniversary Meeting, at Derby, Thursday, August 5th, 1847.)

It is upwards of seventy years since the following rules of obstetrical practice were promulgated in this country by the late Dr. Rigby:—1. That in cases of hæmorrhage, caused by presentation of the placenta, the safety of the mother, and probably that of the child, can only be secured by early and cautious delivery, by the operation of turning. 2. When hæmorrhage occurs during labour, without presentation of the placenta, rupturing the membranes is usually sufficient to restrain it.

From the time of Dr. Rigby's invaluable "Essay on Uterine Hæmorrhage," published in 1775, till recently, the above rules have been considered the established and only authorized guides of practice under circumstances of the most appalling responsibilities in which the practitioner can be placed; and in innumerable instances, supported by the assurance that security can only be obtained by turning, he has performed the important duties imposed upon him with firmness and efficiency; and in most cases when the operation has been judiciously and cautiously performed, has been the happy means of rescuing the mother, and not unfrequently her offspring, from inevitable death.

"On this subject," Dr. Blundell observes, "the general rule is that you should introduce your hand into the uterus as soon as you safely may, and that you should abstract the child by the operation of turning. On this point there can, I presume, be no difference of opinion amongst competent judges, at least in the present state of knowledge, so that the mind is not here, as sometimes, distracted or disturbed amongst a variety of practices, each of which may have nearly equal claims to its adoption."

The practice of turning in placental presentation, if adopted sufficiently early, not too hastily, and with all necessary caution, is very generally successful. That fatal cases should occasionally occur where such great dangers exist cannot be matter of surprise. The life of the patient in these cases is peculiarly in the hands of the practitioner; if he is inexperienced, too anxious or timid, has never before attended a case