AN INQUIRY

INTO

THE AVERAGE MORTALITY

IN

LITHOTOMY CASES;

WITH

A FEW REMARKS ON THE OPERATION OF LITHOTRITY.

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NOTICE.

DEEM it necessary to state, that the following emarks were originally composed for the con-iideration of the President and Council of the Royal College of Surgeons of Edinburgh, when was a candidate for admission into that body. For reasons best known to these gentlemen, they efused to accept this as a Probationary Essay, onsequently I found it necessary to withdraw it ltogether, and get up for them a few remarks on different subject.

I take this opportunity of declaring, that this Essay is not now given to the public by way of dvertisement,* nor with a view to raise or injure

* There are many ways of advertising in this world. One an attracts the notice of the public by affixing a placard at e corner of every street, whilst another man, equally respec-ble, courts notoriety, by calumnious attacks upon individual embers of certain societies, more especially if these individuals ossess any reputation.

the reputation of any individuals; nor is there any personal feeling towards any party connected with their publication; but the sole object I have in view in submitting them to the public is the same that first induced me to enter upon this subject, viz.—an attempt to arrive at the truth with regard to a most important surgical question.

AN INQUIRY, &c.

It can be said, with tolerable accuracy, that several centuries have elapsed since surgeons began to inquire into the best method of removing a stone from the urinary bladder, to effect which, with a certain degree of safety to the sufferer, almost every invention, and every method that human ingenuity could suggest, has been put in practice. Governments, even, have condescended to reward the discovery of improved methods of treatment in this afflicting disorder; and though they seldom notice the labours of the purely scientific or professional man, the discovery of a supposed solvent for calculus has not passed unrewarded. The attempts to break down stones in the bladder, without the use of cutting instruments, have already been judiciously noticed and encouraged; there is something, therefore, in the nature of this malady that has called forth the sympathies of mankind, and these sympathies

seem to have extended to the operation itself when performed with cutting instruments. If cutting into the bladder, for the purpose of removing a calculus, were an easy, safe, and comparatively successful operation,* it may be asked, Whence this anxiety to avoid it? Deeper and more extensive incisions than those required in lithotomy, are daily made by surgeons into the human body, without either exciting in the mind of the patient, or of the public, any of that dread and anxiety which precede and follow the operation of lithotomy, however eminent the talents of the operator.

There are persons who affirm, that the average mortality in lithotomy cases, in their hands, is as one in forty-seven,† one in forty-two;‡ and there may possibly be some who give credit to such

* Sir JAMES EARLE, in his comments on Dr Austin's opinion with regard to the operation of lithotomy, says,—"It must be admitted that there are few (operations) so difficult as lithotomy, and that, unscientifically executed, it may be very dangerous; but I trust there are many of our profession capable of 'performing it dexterously;' and when skilfully performed, the almost certain success attending it is the best proof that it is not so dangerous as the author has represented it to be." See *Practical Observations on the Operation for the Stone*, p. 10.

† EARLE'S *Practical Observations*, p. 95.

‡ MARTINEAU, *in Med. Chirurg. Trans.* vol. xi. p. 406.

ffirmations. There are other surgeons somewhat more moderate in their pretensions, who admit that they have lost one in forty,* and even one in fifteen;† and others, still more moderate, have admitted that they have lost one in ten and a-half,‡ and one in eight.§ In my estimation, the latter computation, however low in comparison, is not worthy of credence; and I think, that professional persons should not suffer themselves to be persuaded that so favourable an average as even the lowest of the above has ever been obtained, at least in any considerable number of cases. Considering the importance of the subject, I have thought it one which might be submitted in the shape of an inquiry to this very learned body, (the Royal College of Surgeons,) even though it were only expressing my doubts as to these reported successes—doubts which, I fear, I entertain in common with most men, whether professional or not.

* Green, in *Lancet*, vol. i. p. 61. for 1827–28.

† Liston, in *Edinburgh Med. and Surg. Journ.* vol. xxix. p. 236.

‡ Cheselden's *Anatomy*, p. 232.

§ Crighton, in *Edinburgh Med. and Surg. Journ.* vol. xxix. p. 230. Mr Hodson, of Lewes, in Sussex, is stated by the editor of the *Lancet* to have operated on thirty-four cases, losing but one; but, as to particulars, no mention is made.

The present inquiry, then, has a reference almost solely to the result of the operation, as practised by surgeons with cutting instruments for the removing of a calculus from the urinary bladder, and to the average success attending such an operation. I shall take the liberty to add a few words regarding the success of lithontritic cases.

My utmost efforts will be used to avoid every thing like harsh criticism; and I trust, therefore, that this learned body will do me the justice to believe, that the documents and materials I have examined in the composition of this Essay, have been reviewed by me in an impartial manner, and that it originates in no unfriendly feeling towards the profession, nor even towards the professed lithotomist, that I thus endeavour to reduce this imaginary success to its real value, and justify, as far as lies in my power, the opinions of those, who, with me, (for many there must be of similar opinions,) consider lithotomy and lithotrity hazardous and dangerous operations, and fatal to an extent of which even the public are not aware.

It is reported of Hippocrates, that he required of his pupils to abstain from the practice of lithotomy; from whence it is probable that, even in those early times, there were professed lithotomists, and from that period to the present, the lithoto-

nist, in some measure, still holds his ground,—at imes, itinerant and strictly empirical, and, though rought within the pale of the profession, always ffecting mystery and concealment of method; nd, above all, persevering in endeavours to prove hat his operations are uniformly successful. In uch instances, if a fatal case does force its way nto public notice, the misfortune is denied to ave had any connection with the operation.* Every surgeon endeavours, to the best of his ower, to explain, in a manner favourable to himelf, the cause of death in such cases as may turn ut unfortunate in his hands; and this is a privilege to which he is fully entitled; for it is easonable that such explanations should be given s frequently as possible. Although it be true hat, occasionally, explanations have been given f the cause of death in lithotomy cases, which et all reasoning at defiance, and would be irresisibly ludicrous, were it possible to lose one's gravity in so serious a discussion;† however

* See Sir J. Earle, at p. 97 of his *Practical Observations;* nd a number of cases recorded by Mr Syme in the *Edinburgh Medical and Surgical Journal,* to be noticed more particularly fterwards.

† See Syme, *Edinburgh Medical and Surgical Journal,* vol. xxv. p. 248.

trivial the reasons may be, which are sometimes given with respect to the fatality of such cases in the reports of operations, this course is infinitely preferable to their total omission, of which fault I fear, it will not be easy altogether to exonerate the lithotomists of this or of any other day.

When we consider the sources of information regarding the average fatality in lithotomy cases, we readily enough discover that these are two, viz. the result of private and of public practice. In so important a matter as this, it is with regret and reluctance that I feel it necessary to decline putting any reliance upon the documents furnished by the private practitioner, as being the result of his private practice; neither shall I enter here upon the reasons that have determined me to do so, as they will no doubt suggest themselves in abundance to the reader of the present Essay. Your most excellent fellow-member, the late Dr Brown, in his admirable critical inquiry into the efficacy of physic and of physicians in shortening the duration of fever, admitted, if I remember right, into that inquiry the records of public practice only, wisely calculating that such documents alone could afford correct materials for drawing legitimate conclusions. Confining myself, therefore, altogether, or nearly so, to hospitals,

d the reports made by hospital surgeons, I find, at of the surgeons of whose operations we have y thing like a tolerably accurate statement, the st is Cheselden, who, at St Thomas's Hospital, rformed the operation two hundred and thirteen nes.* Of this large number twenty died; but e are at the same time informed, that several ore died of smallpox; and these deaths from allpox, whose number he does not think fit to ention, were, in all probability, numerous, and ve been set down by him to the successful side the average; and yet it must be obvious to every e, that an average only of the success in these es should have been placed on the successful e, and an average mortality on the opposite. e may with safety, then, I think, reduce the erage success in Cheselden's cases to somewhat s than one in ten and a half, the average ich he himself has given. But though I have, accordance with all medical writers, spoken of e history of Cheselden's cases as given by himff, I do not think it proper, giving to the ole subject that cautious examination which it quires, to admit as a document, entitled to a l consideration, statements made by surgeons

* CHESELDEN'S *Anatomy*, p. 332.

of hospitals in which proper records were neve kept. It must be known to every one, so far a least as I am aware, that authentic, strict, an official records of cases have never been kept i any London hospital. I should, nevertheless, fe happy to be corrected if in error on this point. have made strict inquiry of gentlemen who hav been educated in these hospitals, and find fron them that no such records are ever kept; and tha no official document could be produced, as to matter of this kind, by any London hospita It is admitted by Cheselden, that, previous t operating in these two hundred and thirteen case he had lost four in ten,* and, in the high operatior one in seven, exclusive of two in which he cu into the general cavity of the peritoneum: th result of this peculiar style of operating has no been mentioned. Making all allowance for th quaintness of the style peculiar to the times i which Cheselden wrote, it must be admitted tha his statements are not strictly professional, an that his anxiety to be thought the most successfu lithotomist of his day, might have induced hin to exaggerate, and disregard precise accuracy Speaking of his success, he says, "What th

* CHESELDEN'S *Anatomy*, p. 329.

ess of the several operators was, I will not the liberty to publish; but, for my own, usive of the two before mentioned, I have no more than one in seven, *which is more than one else, that I know of, could say;* whereas, in old way, even at Paris, from a fair calculation ove eight hundred patients, it appears near in five died." After a statement of this kind, pe I shall not be exceeding the bounds of fair cism, if, setting aside his pretended averages, ake the average fatality, even in his hands, to been similar to that of the Parisian surgeons, in five, or nearly so.

r Smith of Bristol, in his *Statistical Inquiry the frequency of Stone in the Bladder in t Britain and Ireland,** furnishes us with a lar statement, shewing the fatality of litho- cases at the Bristol Infirmary, which, although earliest established provincial hospital in Eng- appears to be the one that has contributed to science, by having kept more correct tters than any other yet established. This rt merits our most implicit confidence, not on this account, but also on account of its ng been published, not with the view of

See *Medico-Chir. Transactions of London*, vol. xi. p. 7.

making any one surgeon appear the greatest lith tomist of his age, but solely for the purpose presenting the world with an authentic stat ment of the success that has attended the operati in that hospital since its foundation. From th report we learn, that three hundred and fifty-fo patients have been operated upon, of whc seventy-nine have died, making an average of o in four and a half. In the same paper, we find letter from Mr Barnes, of the Devon Hospital, which is given a table, to shew the average pr portion of stone cases cured, to the whole patier admitted into the hospital; we are, moreov told, that the latter part of this return, name for the last seven years, may be considered qu correct—an admission that the first part is not be depended on, that nine patients have be admitted, and all dismissed cured. Any one, trust, who reads this statement carefully, w agree with me, that all farther notice of it unnecessary. We do not wish to know h many cases of lithotomy passed through the han of this or that surgeon; but, in the pursuit of surgical question of great importance, we des to know, how many were admitted into t Devon Hospital, and how many Mr Barnes d not cure.

From Mr Smith's paper we also learn, that at ıe Birmingham Infirmary, during a period of ıirty-eight years, seventy-two operations were erformed, five of which occurred in females; and, f the whole, fifty-nine were cured, and thirteen ted. Now, this gives us one in five, after sub-acting the five female cases from the whole umber.

In the same paper, there is a communication om Mr Oakes, of Cambridge, where we are told, ot more than one in twenty died from the opera-on; but then, again, we are inclined to suspect ıe state of the hospital records, as we find Mr akes, in the beginning of his letter, stating, that, far as he *recollects*, the average number, both in ublic and private practice, is rather less than ur annually.

Mr Smith's paper also furnishes us with a correct opy of the surgeon's books at the Leeds Infir-ary. Here the report appears to be official, and, uring fifty years, one hundred and ninety-seven perations were performed, in twenty-eight of hich the patient died, giving an average of one seven. This is all the information Mr Smith's xcellent paper affords that bears on our subject, ith the exception of Norwich, and the result is, at at

Bristol, the deaths are .	1 in $4\frac{1}{2}$
Birmingham, . . .	1 in 5
Leeds, ...	1 in 7

According to Dr Marcet's* return of the cases operated on at the Norwich hospital, from the year 1772 to 1816, four hundred and seventy-eight males were cut, sixty-eight of whom died, making an average of one in 7.22. Mr Martineau,† of that place, has also published a list of cases operated on by himself, from the year 1804 to 1820, inclusive, amounting to eighty-four, ten of which occurred in private practice; and out of this number, he says, only two died; wishing the reader to believe that this was the result of the success that attended his practice. On inquiring into the cause of this apparently most unaccountable success, we find that Martineau has followed very much in the footsteps of Cheselden, and only given the result of a certain number of years' experience, and not that of his whole professional career: of this we are convinced, first, from an expression of his own, where we find him stating, "that during the first years

* See MARCET *on Calculous Disorders.*

† *Medico-Chir. Transactions*, vol. xi. p. 402.

f my practice I was not very successful;" in the ext place, from the return above mentioned, by Dr Marcet, which must have included all the ses of Martineau, except those that occurred uring the four last years of his report, the average mortality was one in 7.22. Now, from this, we admit Mr Martineau's statement to be orrect, we must conclude that his predecessors must have been very unsuccessful, and that it was very hard case for him, that his merits as a uccessful lithotomist should be so curtailed by he result of his practice being combined with hat of other surgeons so much his inferiors, and is success, by this means, made to appear to be he death in 7.22, instead, as he has given it out to e, one in forty-two. These must, no doubt, have een the reasons that induced Mr Martineau to ublish his own account of this matter; but upon his point we are put right by Dr Yellowley, who ever published any report that could not bear he most impartial scrutiny. In a note to his aluable paper in the *Philosophical Transactions, or* 1830, we are told by that candid physician, hat the whole number of Mr Martineau's cases mounted to one hundred and forty-seven, with eventeen deaths out of that number, making the verage one in 8.11. Since we find a surgeon so

far wishing to impose on the profession, by publishing a partial account of this kind, of his hospital practice, what reliance is to be placed on the relation of the ten cases that occurred in his private practice, all of which, we are told, were successful. Here, then, we find the average mortality of Mr Martineau's cases rise from one in forty-two to one in 8.11. But to return to Dr Yellowley's statement, we find from it that six hundred and eighteen males have been cut in the Norwich hospital, eighty-seven of whom have died, giving an average of one in 7.1, which agrees to a fraction with the average given by Dr Marcet, who, as will be seen above, makes it one in 7.22.

Mr Crighton,* of Dundee, has published a list of seventy patients operated on by him, nine of which died, making an average of one in eight; but we are led to believe that Mr Crighton has performed the operation a hundred times, from what he himself states, and also from a statement made in Mr C. Hutchison's paper in the 16th volume of the *Medico-Chirurgical Transactions of London;* but from Mr Crighton not having kept an account of his cases, more especially those that

* See *Edinburgh Med. and Surg. Journal*, vol. xxi. p. 226.

curred in the early part of his practice, and as e do not admit as evidence into this inquiry any ing that is derived solely from memory, I do ot feel disposed to include Mr Crighton's cases this paper.

Mr Liston, of this place, has favoured the pro- ssion with the result of his practice, by means of tabular view,* containing twenty-nine cases of thotomy; to which he has added, explanatory emoranda, and notes, with reference to some eculiarities in the after treatment, or to the cause f death in the few fatal cases that occurred, ese being only two. As the operative part of rgery cannot be carried to a higher degree of cellence by any one, it may, I think, be pre- med, that the average success of Mr Liston ust be taken as the very highest standard of ccess in the profession, with a reference, of urse, to lithotomy cases. Wheresoever a higher erage has been supposed to have been effected, is reasonable to presume that the mode of eration must have been quite peculiar to the dividual; and in order to secure credence to, d confidence in, his statements, it seems but ir, that any greater success than that claimed by

* See *Edinburgh Med. and Surg. Journal*, vol. xxi. p. 236.

Mr Liston, must and ought to be supported an substantiated by explanatory statements of thos peculiarities to which I have alluded.* But t return:—The average success seemingly claimed b Mr Liston, is as fourteen to one, being nearly th double of that claimed by any authentic statemen on record. To the accuracy of this high averag and great success, I beg leave to offer the followin objections:—1st, The cases are mostly those o private, not of public practice. 2d, The ver different and discordant views which may b taken by different private practitioners of th same case. I shall cite the following as a instance:—Mr Liston operated on Mr J. M.; the case proved unsuccessful; but Mr Liston argues, that this could not be reckoned a deat from the operation, since, as he observes, "th patient died suddenly apoplectic fourteen day after the operation; the urine had resumed it

* We believe Mr Liston does not select his cases of lithotomy by declining, as Mr Green has done, unfavourable ones. Wer surgeons to do this in every disease incurable by other mean than an operation, (to which class stone in the bladder belongs, the practice of surgery would, no doubt, become eminentl successful, but would cease to be extensively useful to humanity we should, in such cases, have to commend the judgment of th surgeon, but severely censure his want of feeling.

† See *Edinburgh Med. and Surg. Journal*, vol. xxix. p. 238.

ormer course." The actual facts connected with his fatal case of lithotomy differ so widely from his statement, that we do not hesitate to affirm, hat Mr Liston must have been very seriously misinformed, and his judgment and confidence ltogether abused. " Mr M. *never had the slightest poplectic symptoms*—he gradually sunk from the moment of the operation; the wound shewed no isposition to heal, *and the urine did not come by he natural passage;* he was watched with the tmost care, and every attention bestowed on im by the surgeon in attendance, and he died xhausted on the fourteenth day. The examinaon after death shewed extensive inflammation f the bowels, and the contents of the pelvis dhered every where."

The cases I shall next notice, are those pubshed in the *Reports of the Edinburgh Surgical Hospital.** There we find mention made of hirteen cases. Of these thirteen cases recorded, x deaths took place, or an average mortality f nearly one-half. Mr Syme has his own eculiar views of this operation, but it is proper nd right to observe here, that these views were

* See *Edinburgh Med. and Surg. Journal*, vol. xxxii. and ollowing. There are several jobs in Edinburgh, as in all large owns, called hospitals.

adopted, and the following statement made, before the occurrence in his hands of what might almost be deemed a sort of catastrophe in surgical practice. "The operation of lithotomy," says Mr Syme, "as now performed, is one of the *simplest* in surgery; and the importance which is still attributed to it by the public, depends upon the recollection of the shocking and protracted tortures which attended the old method of operating with the gorget. The patient above mentioned is the only one I ever lost* from the operation, and his death may, I think, be ascribed fully as much to old age as to the injury inflicted." Besides these fatal cases, being six out of thirteen, there is a very singular instance recorded, (or, as Mr Syme himself terms it, "a very unusual case in several respects,") of the bladder having been opened as in lithotomy, and one calculus removed, another having been left in the bladder; the patient was shortly afterwards operated on by Mr Liston, and ultimately recovered from this double lithotomy. In the first notice of the case, which appears in the

* Mr Syme has since lost five out of ten; the tortures Mr Syme speaks of as occurring from the old method of operating with the gorget, have been much abreviated, no doubt, in his own hands, and in those of some modern surgeons; and in some respects, this is an advantage, since a speedy relief from suffering is what is greatly desired by all.

fth hospital report, under the article *Lithotomy*, as successful case of that operation, we are told it ccurred in the private practice of the narrator, in ie son of an artist ten years of age, and " that was very unusual in several respects." " On ttempting," says the lithotomist, " to introduce a ound proportioned to the usual size of the urethra this age, I met with an obstruction about three ches from the orifice, which required a great eal of pressure to admit the entrance of a small strument. I felt a calculus in the *neck of the ladder*, or rather anterior to it; and putting my nger in the rectum, ascertained that this was ally its situation. I performed the operation ext day in the ordinary way," * (I presume the rdinary way of performing the operation of thotomy,) " and extracted a mass of calcareous atter about the size of a walnut, which seemed have originally consisted of two nearly equal oncretions." In the altered and amended statement made in the sixth report † we find, under the ead, *Urinary Calculus*, the following relation,— In last report, I mentioned a case of stone that

* See *Edinburgh Medical and Surgical Journal*, vol. xxxiv. 239.

† Ibid. vol. xxxv. p. 245.

had occurred in private practice, in which extracted *two large stones* * from a sac formed by dilatation of the membranous part of the urethra. From the time of the first report to that of the second, the stone of the size of a walnut, situated originally in the *neck* of the bladder, or *immediately anterior* to it, had grown into *two large stones* situated in a *sac* formed by *dilatation* of the *membranous part* of the *urethra.* When the patient came to be operated on by another surgeon, Mr Liston, some ignorant persons asserted heedlessly and without having read with sufficient attention Mr Syme's first report, that the operator had neglected to examine the bladder which he had just cut into, and thus, by mistake, subjected a human life to very great risk, and to the torture of a second painful and much dreaded operation. But Mr Syme remarks, that "he then examined the bladder by a sound, and ascertained that it contained no other calculus." † Notwithstanding this examination, we would venture to suggest, that another calculus must have been present at the time, since Mr Syme himself admits, that "after

* The first report speaks only of one.

† See *Edinburgh Medical and Surgical Journal*, vol. xxxiv pp. 239, 40.

e urine ceased to flow through the wound, which ppened about the end of a fortnight, when he gan to complain nearly as much as before." In e remarks which follow, I fear I misunderstand r Syme. He cautions the reader that, in noving stones from the situation that this one cupied, the surgeon ought to ascertain whether not there are any in the bladder. Mr Syme xt goes on to state,—" For though it may be of *tle consequence* to the patient, in respect to pain danger, whether they be taken away together separately," (by which, I presume, is meant, nether you make one or two operations to cure e disease,) " he will, in the latter case, have all e horrors of two operations, and be ready to ten to any suggestions calling the skill of the rgeon into question ;" * and he will have good use so to do. I cannot here venture, from a ant of experience, to decide on the correctness or correctness of the opinions which, hastily viewed, ight be considered as advocating the doctrine the " deux temps" operation, but more complete its nature than that originally contemplated, ing performed, not only at two times, but in

* See *Edinburgh Medical and Surgical Journal*, vol. xxxv. 246.

two different places, and by two different operato
Good surgeons have, so far as I recollect, alwa
been averse to any delay in completing the oper
tion; and, on the bladder being opened, it h
usually been deemed advisable to remove all t
calculi which it at the time contained.

The history of the case has, perhaps, been give
from recollection by Mr Syme, since there a
points in it which cannot be reconciled. It
stated, for example, at first, that the sympton
were those which usually attend stone in t
bladder; that the patient had complained for fi
years; and that, latterly, they had confined hi
to the house in the greatest misery.* In anoth
place, we find the following remark:—"Anoth
important fact which it (this case) illustrates,
the comparatively small uneasiness generally occ
sioned by stone in the bladder in young subject
this boy, after the concretions were removed fro
the *urethra*, walked about as usual, slept undi
turbed during the night, and made no complain
except when he voided his urine. It was th
extreme *mildness* of his symptoms that led m
to attribute them entirely to the stricture."

* See *Edinburgh Medical and Surgical Journal*, vol. xxx
p. 239.

† Ibid. vol. xxxv. p. 246.

haps it would be proper to set aside this case gether, as being a case of stone, neither in the lder nor out of the bladder. If it must be sidered ultimately as a lithotomy case, we pre- ie Mr Liston may be allowed to insert it as of his in the next tabular view with which distinguished operator may favour the public; this will allow for Mr Syme the respectable rage mortality in his lithotomy cases, of six in lve, or one in two.

t is a laudable and excellent inquiry on the of the surgeon to examine most carefully into causes of death after lithotomy; and this part ie inquiry has not been neglected by Mr Syme, opportunities for doing so having been very con- rable. The causes of death in these six fatal s, (their authenticity, and the authenticity of average success as taking place in a public pital, in the hands of distinguished surgeons, dering them extremely valuable,) merit parti- ar attention.

n the first of these fatal cases Mr Syme says, 'he patient above mentioned is the only one I r lost from the operation; and his death, I ik, may be ascribed fully as much to *old age* he injury inflicted." I hope we may be per- ted to add, in the mean time, that the patient

died of the immediate effects of the operatio since it is not any where stated that he w moribund when brought into hospital, nor whe put on the operating table. *Very old* persons c frequently die of severe and extensive injurie from which those who are younger occasionall recover. In the second case, Mr Syme does n give any opinion as to the cause of death; but w find him stating,—" We found, on dissection, diffused suppuration in the cellular substanc exterior to the left side of the bladder;" and h should have added, the patient died of extensiv inflammation, followed by abscesses within th pelvis, the immediate effects of the operation. I the third case, no explanation of the cause c death is given; but we again find it stated, tha " on dissection, there was not the slightest trac of disease in the cavities either of the abdomen c pelvis, neither was there any appearance of inflam mation in the bladder; and the only part tha seemed to suffer from disease was the prostat which was greatly enlarged throughout, bu especially upwards towards the cavity of th bladder." Such cases are by no means uncom mon; a similar one happened in the Royal Infir mary during the autumn of 1828. The patient, healthy, middle aged man, was operated upon b

Liston, with his accustomed dexterity, and the ne, which was of a moderate size, removed in minute from the commencement of the opera- n; yet the patient, who seemed to do well for w days, began shortly afterwards to decline in lth; slight fever arose, referrible to no distinct se, and he died, to the best of my recollection, or twelve days from the time of the operation. ssection shewed no disease within the pelvis; wound in the prostate had never closed, and edges were slightly greenish; no cause for th could be discovered any where. Such cases well known to the profession, and they are iformly set down as cases in which death mediately results from the operation; they are most provoking of all to the surgeon, since y seem to be connected with some peculiarity constitution.

In the fourth fatal case, death is accounted for the following manner:—"The fatal result in s case, may, I think with most probability, ascribed to the effect of suddenly removing a rce of extreme irritation, in a very irritable stem. In ordinary cases of stone, this diminu- n of irritation constitutes the patient's safety counterbalancing the irritating tendency of operation; but the irritation in this instance,

being of extraordinary intensity, while the ope
tion, from the small size of the stone, was *gen*
and *easily* performed; it is conceivable that t
actions of the system might, from the cau
alleged, fall into disorder, and produce the resu
that have been described." We have seen M
Liston and other surgeons remove a calcul
from the bladder, by two incisions, and at o
grasp of the forceps, and the operation mig
have occupied a minute, or two at the most. O
would be inclined to call such an operation, (
any operation could be so denominated,) an el
gant and easy operation;* and if operations of th
kind were to prove fatal, owing to the rapidit
with which the patient was at once relieved fro
the calculus, and from all his sufferings an
anxiety, we are at a loss to imagine how any
Mr Liston's patients, or those of Mr Green, cou
possibly escape; but we beg leave to remind M
Syme, that the operation in question, in whic
he imagines he lost his patient in consequence

* Since this was written, I have again witnessed Mr List
perform this operation, and feel bound to repeat, that if a
operation can be called elegant, it is this one, as performed b
this surgeon; in so far as an unbiassed judgment enables me
venture an opinion, Mr Liston has no equal amongst livi
operators.

) sudden relief from suffering, was not precisely
operation of the kind I have been speaking of.
vo if not three incisions were made into the
ıdder, the stone having been found to have
en too large to be removed by the first incision;
the moment of performing the second or third
isions, the forceps which grasped the calculus
re left in the bladder, and instead of being
ven to an assistant, were allowed to hang
ngling down, in front of the perineum, and
ıt to many gentlemen present, of great candour
d honour, the operation did not seem a gentle
e, nor performed with great ease to the patient.
ıt I do not by this in any way deny, that, com-
red with some which I have seen and heard of,
may have been in this view easy and pleasant,
th to the surgeon and patient.*

The cases more particularly referred to here are, first,
one recorded by Dr John Thomson in his appendix to a
posal for a new method of cutting for the stone, where this
tleman and his assistant, after being completely exhausted
ing in the patient's bladder, put him to bed for five days,
en it was "conceived that we might safely repeat *our search*
the stone." Dr T. having called together a number of his
nds to witness the second attempt, goes on to state, that
ter various trials, in vain, to touch the stone with the finger,
last felt it with the forceps, and endeavoured to seize it.
ad hold of it three several times with the points of the
eps; but on each attempt at extraction, it escaped from

In the fifth fatal case, it was at first conjecture by Mr Syme, that " the patient had died in con

between the blades. Overcome with fatigue, and feeling myse at that moment beginning to be agitated with emotions anxiety, I put the forceps into the hands of Dr Brown, an requested he would have the goodness to extract the stone fr me. He did so, after some difficulty in seizing it," &c. Th patient recovered, and might be brought forward by Mr Syn to support his doctrine. I will just inquire, if none of th bystanders suggested the employment of a hornspoon on suc a trying occasion, for we have been informed that, aide with this useful instrument, some celebrated lithotomists hav succeeded in extracting the stone, under similar circumstance after all other means had failed! Second, the cases recorded b Mr Fletcher, in his *Medico Chirurgical Notes and Illustrations*, quotation from one of which I shall here give: " A great deal force was immediately applied, and that not in the best dire tion, but to no purpose; the stone would not pass; the operat rested; the patient was calm, and complained not; the labou of the former now recommenced with redoubled vigour, and a air which imported a dreadful determination to succeed. H right foot was placed in preparation for this awful strugg against a chair, which was supported by a pupil; the scen became animated, though horrible; the straining and creakin of the forceps, as they occasionally lifted the suffering wretc from the table, (they twice lifted him off it,) his wild agonizin shrieks and entreaties for forbearance, after continuing near two hours, gradually became more faint, and sunk at last int a piteous moan; and when the stone was shewn him, it wa doubtful whether he saw it, or was even conscious, that a perio had at length arrived to his sufferings. He expired a fe minutes after being carried to bed. The body was not examined

quence of peritoneal inflammation, excited by the ss of a great quantity of blood during the ope- tion :" there is no mention made of the probable use of death in this case in the published report it ; but we find it stated, " that on dissection the ritoneum was found more red than usual, and some points small spots of extravasated blood ere perceptible," and that a large anomalous tery was cut across as in Mr Shaw's case.

The sixth and last of Mr Syme's fatal cases is us recorded, " The result of the following case, ough operated upon under less promising cir- mstances, was more fortunate." The patient, ed eighty, was relieved of twenty-three stones the 15th May, not without difficulty, owing the great capacity of his bladder : the report es on to state, that " he never had a bad symp- m from the operation, but was for several weeks extremely feeble, that great apprehension was t of his sinking; the wound is not entirely aled yet, but he is, and has been all along, free om pain." What is meant by the expression was more fortunate," I am quite at a loss to derstand, unless it is, that this patient had the od luck not to die on the day after the opera- on, as his predecessor did, but to die after linger- g for some weeks : we are also told, that " the

wound is not entirely healed yet;" and, it ma be added, that the wound never healed, bu remained open until the death of this "mor fortunate" patient, which event *had taken place* at the time that the proof sheets containing thi report passed through the hands of their autho Mr Syme, with his usual candour, takes no notic of the event: the reader is led into the belief tha this was a successful case, the operator being at th same time aware that the patient was dead.*

There is a passage in the *Practical Observation on the Operation for the Stone*, by Sir Jame Earle, which, as often as I read it, excites m

* I am borne out in this assertion by what has been pul lished in the *Lancet* since this was written. In reviewing thes cases, it is stated, "The second case (alluding to this one) wa *successful*, although the patient was eighty years of age," & This case illustrates well "Mr Syme's *indefatigable exertion and talents*, as well in the furtherance of this excellent instit tion as in the *cultivation* and *improvement* of chirurgical know ledge." The reader of these remarks is requested to contra the above laudatory critique of the *Lancet* with the atrociou and unfounded calumnies published by the editor of the sam Journal, when a case similar to Mr Syme's fifth fatal one hap pened in the hands of Mr John Shaw of London. The reader requested to contrast the observations, and then to consider wh epithet in all truth could be applied to the editor of the Journ in question.

tonishment and admiration. That distinguished rgeon says, " That his first operation for litho- my was performed in 1770; that he recollects forty-seven cases in which he operated, which did well excepting one, which died; and, as ere were peculiarities in the case of that person, justice to the operation they should be noticed." ere Sir James expressly states, that " he con- ives the loss of this patient cannot fairly be ribed to the operation," notwithstanding this ent took place on the fourth day after the eration, and the " bladder, on examination after ath, was found thickened and diseased, bearing ident marks of continued inflammation." Sir mes would wish the reader to believe, that the ath was caused by the lithontriptic medicines at were used previous to the operation, and avely remarks, that " this case leads me seriously recommend not to perform the operation of hotomy in less than a month from leaving off course of what are called lithontriptic medi- nes." Might not the peculiarities in this fatal se have been, perhaps, connected with a too dden relief to the patient, by removal of the culus, owing to the operation having been per- med in too easy, gentle, and simple a manner?* or it would seem agreeable to the opinion of

* See quotation from *Edin. Med. and Surgical Journal*, page 28.

some surgeons, that a certain quantity of delay and consequently of torture, must be inflicted o the patient undergoing the operation of lithotomy to render that operation safe. Now, here arises nice question for the practical surgeon, as to th maximum and minimum of suffering which patient ought to undergo, in order to have th operation of lithotomy safely performed, the tim taken in its performance ranging from two minute to somewhat more than double as many days;* an to graduate nicely, according to the constitution c his patient, what quantity of suffering ought to b inflicted on him. When a limb is amputated, or a extensive tumor, situated amidst dangerous part has been removed, and the patient gradually sink from the time of the operation, and dies after period varying from one to ten or fourteen day we say he has died of the shock of the operation and though this language does not convey an very precise idea to the mind, still it is generall understood, and generally employed; and were I in relating a case in which a limb had been ampu tated for some painful and distressing affection— such as, for example, happens in those kinds c white swelling, wherein the patient, worn ou irritated, and exhausted for want of sleep, born down with the anxiety of carrying about wit

* See *Edin. Med. and Surgical Journal*, vol. xxxiv. p. 12.

m an incurable malady, and harassed with
ıceasing pain, at last consents to the removal of
e limb—should it happen that this patient,
stead of gradually and steadily recovering from
e operation, as so generally happens in all
ronic cases, gradually sinks and dies, the wound
ver closing, nor any symptoms appearing to
dicate he had, in any way, recovered from the
ock of the operation,—would any surgeon in
e world believe me, or would it be credited
at I believed myself, in the statement made, that
e person died, not from the immediate conse-
ıence of the operation performed upon him, but
om my having improperly adopted the double
p operation, whereby the time occupied in its
erformance came to be only about four minutes,
hereas, had I adopted the good old method,
hich, young as I am in the profession, I have
ten witnessed, protracting the operation to forty
fifty minutes, my patient might easily have
covered?—But to return to Sir James Earle
d his extraordinary success: This distinguished
rgeon says, he has "an account of forty-seven
ses, but the total amount, unfortunately, I have
o meansof ascertaining; for, in the earliest part
my practice in St Bartholomew's, not foreseeing
at one day I should wish to recollect them, I
as not attentive to make memoranda of every

case that occurred." Now, in what London ho pital, I repeat, have public documents ever bee kept of fatal or successful cases? There is a pa in the history of Sir James Earle's success, whic we do not well understand: that gentleman was sti operating in 1814 and 1815, and had for colleagu Sir Gilbert Blane and Sir Ludford Harvey. Bu we have been assured, on good authority, tha during that session, there did not occur a singl lithotomy case.

To Mr Green's great success I have two objec tions to offer, the mere statement of which wil I think, be sufficient to set aside that surgeon average. In the first place, Mr Green selecte his patients; and, secondly, Mr Green can hav no authentic documents to substantiate his state ment; for we find, in Mr C. Hutchison's *Inquir into the frequency of Stone in the Bladder in Sea faring People*, "That Mr Green, at St Thomas' Hospital, where *there is no official register kep* states, that the *sister* (hospital nurse) who attend all the lithotomy cases, *says, she thinks* a youn man about twenty was of the seafaring line."*

* See *Medico-Chirurgical Transactions*, vol. xvi. We shoul like much to see a military or naval surgeon, in the service o any European government, reply to a query put to him by hi government, as to the mortality or success in his operation by returning an answer founded on the *recollection* of nurse and hospital servants.

LITHOTRITY.

THOTRITY is the name given to that operation, means of which stones are so broken down thin the bladder, that they may be extracted rough the natural passages; thus avoiding the e of cutting instruments, and the necessity of cisions into the bladder.

This operation has attained a high degree of rfection in France, in the hands of Civiale and roy. The operation has also been practised by me British surgeons; some itinerant foreigners ve likewise exhibited the operation in British spitals.

It is natural for these men, claiming as they do e merit of discoverers, not only to hold up the r side of the question to the public, but to deavour, in as far as they can, to throw litho-my into the shade, and to induce the substitu-n of their supposed improved operation for it. considering the merits and demerits of the ontritic operation, we encounter, again, the ne attempts that we have seen made by the otomists, to prove their operation to be simple,

and of easy execution, causing no great suffering to the patient; and, above all, successful. That they have not hesitated to exaggerate success and palliate failures, and even, with great effrontery to falsify reports, which the public hastily were led to believe official, is what, I am sorry to say has happened almost under my own observation. But, least I should be supposed personally prejudiced in this matter, and that I may have, without due consideration, extended to the lithotritist my disbelief in the statements, and my want of faith in the professional character of the lithotomist, I shall take the liberty of supporting what I have to say, on the authority of a distinguished foreign surgeon, who, residing in the French capital, must have had daily opportunities of verifying the cases of the lithotritist, and who moreover, was delegated to inquire officially into the correctness of the statements made by these persons to the Institute of France.

What I myself have seen has impressed me with an exceedingly unfavourable opinion of lithotrity. From what I witnessed of this operation in the Parisian hospitals, during the greater part of the year 1829, in the hands of Leroy and Civiale themselves, I had come to the conclusion, that it was in no way preferable to the operation of

hotomy; for, although I did not see so many aths in the one case as I had previously witnessed the other, still, taking into account the length time the patient was exposed to suffering of the ost severe description, at each application of the strument, (for every one must be aware that it nnot be finished at one attempt, but requires metimes so many as seven or eight,) the violent tacks of inflammation that follow it, and the weaned and exhausted state in which these attacks o frequently left the patient, so as often to render s dismissal from the hospital absolutely necessary; d even sometimes causing death itself. For ese reasons, and the appearances that I witssed, on dissection, of two fatal cases, and the sult of many others, I was thoroughly convinced at it was a painful, very uncertain, and too ten fatal operation. In neither of the fatal ses witnessed by me was the stone found to ve been entirely removed from the bladder, d, I may here add, that I never was convinced at a single patient was dismissed cured by this eration. The first of these fatal cases occurred the hands of Civiale, on a patient about thirty ars of age, who died on the second day after e first attempt to break down the stone.* On

* And yet Civiale *selects* his patients with the greatest care.

dissection, the bladder was found to contain a pretty large stone, which had been seized with the forceps, and slightly touched with the perforator; the mucous coat of this organ was highly vascular, and in some places reduced to a pulpy mass.

The second case, which occurred in the hands of Leroy, was the case that is considered by every one to be most favourable for the operation, namely, where the stone is small, and the disease of short duration. The patient, a peasant, during the summer of 1829, had been amusing himself by passing a straw into his urethra, a portion of which remained in the membranous part of it; this, on an attempt being made to extract it, was forced into the bladder; there it remained for about three months, during which time a calcareous deposit had formed around it. On the first and second attempts to remove this by means of lithotrity, the patient suffered excruciating agony, followed by severe attacks of inflammation of the bladder, and neighbouring parts,* so that, when

* We find it stated by the reviewers of FLETCHER's *Medico Chirurgical Notes and Illustrations*, in the last number of the *Edinburgh Medical and Surgical Journal*, that "it is a singular fact, that, in the cases operated on in Paris by Civiale, so little irritation seems to be created, that the patients have often walked home afterwards; and in *none* of the cases have any alarming symptoms of inflammation taken place." I have not the smallest

aced on the table for the third time, no one uld have believed it to have been the same lividual that lay there six weeks previously, d he not been in the habit of seeing him from y to day; for, instead of the fine, healthy, robust asant, we beheld a man worn out by disease, d hectic. Under these circumstances, who can onder that he never rallied after the third tempt, but gradually sunk, twenty-four hours er the operation. I may add, that, at each tempt, small pieces of the calculus were removed, d even some fragments of straw. On dissec-on in this case, the bladder was found highly flamed, in many places ulcerated, and contained e remains of the calcareous deposit surrounding e straw.

With reference to the opinions of Baron Larrey, e find them embodied in the following report, extract of which I shall here quote as we d it given in a French journal:—" M. Larrey mmenced, by presenting the academy with a ccinct analysis of the memoir laid before them, M. Civiale. In one of the cases operated on

bt of this being Civiale's statement; its repetition, however, only be made by one totally innocent of the slightest owledge of this operation.

by this surgeon, the stone was exceedingly large and nearly filled the bladder, but was, according to the author, attacked successfully with the lithontritic instruments. In the case of an old man, the stone was situate behind the prostate but was also crushed. Another patient offered the complication of excessive irritability, but he was also cured. M. Civiale next gives a notice of the present state of lithotrity, and remarks that its principles are every where adopted. The reporters on this memoir, while they profess entire reliance on the honour of M. Civiale, at the same time thought it right to repair to the Hôpital Necker, where they obtained precise information on the results of all the calculous cases treated in that establishment, and according to which M. Civiale had framed his memoir. Baron Larrey however, in the name of the commission, expressed his regret that M. Civiale had only put forward the advantages of lithotrity, and the successful cases, while the information obtained at the Hôpital Necker, proved that the fatality was as great as in the section cases at the other hospitals in Paris. On the whole, M Larrey spoke very sharply of M. Civiale; he reminds him, that the greatest surgeons were not wont to conceal their unfortunate cases; he added, that M. Civiale had

cidedly failed to prove the superiority of the hontritic method; but he concluded, that the ts advanced by the author of the memoir were fficiently valuable to entitle him to the recomnse awarded by the academy."*

I trust it has been made sufficiently clear to s learned body, that, judging of the documents omitted to the public, and reviewing impartially e time, place, and circumstances of their getting , it cannot be truly said that lithotomy has en a tolerably successful operation in the hands any surgeon, dead or living. It has been shewn be an operation whose average fatality is at st one in seven; but my own belief is, that en this is too high. We have just witnessed it low as six in twelve, or as one in two. That an eration should be fatal in the ratio of six to elve, and had such a lamentable result happened the hands of an ignorant person, and of one acquainted with the anatomy of the human ly, it would perhaps not have excited much prise; but occurring in the hands of a surgeon much experience, considerable reputation, and

See *Lancet* for May 21, 1831, p. 229, extract from *Lanc. nç.*

possessing anatomical knowledge far above medi
crity, renders the whole subject one of the deepe
interest to the surgeon, and to the public; and
we have no other ground for our attacks on th
reputation of surgeons of former times, than th
dread which the public still feels for the operatio
a dread which has been ascribed to "the recolle
tion of the shocking and protracted tortures whic
attended the old method of operating with th
gorget," let us hope that these calumnies will ceas
since the cause of that dread, notwithstandin
the substitution of other instruments for th
gorget, remains in full force to the present hou
—ay! and that, too, in the hands of Hospit
Surgeons.

THE END.

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