Lithotrity at a single sitting, when long-standing organic urethral stricture is present / by G. Buckston Browne.

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LITHOTRITY AT A SINGLE SITTING WHEN LONG-STANDING ORGANIC URETHRAL STRICTURE IS PRESENT

BY

G. BUCKSTON BROWNE

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LITHOTRITY AT A SINGLE SITTING, WHEN LONG-STANDING ORGANIC URETHRAL STRICTURE IS PRESENT.

By G. BUCKSTON BROWNE, M.R.C.S. Eng.

One of the ultimate consequences of long-standing unrelieved organic stricture of the urethra is atony of the bladder, and atony of the bladder not unfrequently leads to the formation of phosphatic vesical calculus. This result as a rule is not attained until the person so afflicted has considerably advanced in life, and when he seeks advice the surgeon has to deal with a patient suffering from a stone in his bladder, possibly of considerable size, with chronically retained and very foul urine, and with a strictured urethra. Probably the patient's sufferings have been very great, and he is so thoroughly exhausted that unless relieved his end cannot be far distant; thus it becomes a question of the utmost nicety and importance to determine the best method of treatment. During this year I have met with two such cases, and as the means I adopted have in both been followed by excellent results, I am tempted to make them public. In both lithotomy seemed to offer very little chance of success, owing to the great debility of the patients, and I determined to practise rapid lithotrity—that is to say, lithotrity with complete evacuation of the bladder at one operation—and to avoid the use of any cutting instrument if possible. I

might certainly have performed internal urethrotomy before crushing and evacuating the stone, and I was prepared to do so, had I been obliged; but in my opinion it would have so much increased the risk that I was glad to find in each case at the time of operation I could do without it. A wound in the urethra is, under the most favourable circumstances, an important one, and it may become serious if instruments get entangled in it, or if the débris of a crushed stone get pressed into it during a sitting of lithotrity. In the performance of lithotrity Sir Henry Thompson has made it an excellent rule to commence the operation by passing a bougie or two, to ascertain if the urethra is sufficiently patent, and to prepare it for the lithotrite and evacuating tubes. In the cases I am about to relate I have simply pushed this method further, and have rapidly dilated the strictured urethra, the patient being under the influence of an anæsthetic, by passing a series of conical highly polished steel sounds (*not plated*). These sounds or dilators are shown in Sir Henry Thompson's "Diseases of the Urinary Organs," (seventh edition, p. 25). The set I have are eight in number, made and polished specially for me by Messrs. Weiss and Son. Each is one size larger than the preceding one, and the point of each is two sizes smaller than its shaft. The largest measures 14 (English) at the point, and 16 in the shaft.

CASE 1. — Dr. R P. T——, aged sixty-four, a Lincolnshire medical man, was sent to me by a distinguished London surgeon, who had already detected calculus. The patient had had stricture for forty years, and for twelve years had had much bladder trouble; latterly his sufferings had become so severe that he sold his practice at a sacrifice, and came to London, as he feared, to die. On examination,

I found a stricture at four inches and a half, which admitted No. 5 (English) closely; and after he had passed all the urine he could naturally, a catheter drew off six ounces of chronically retained urine. The stone in his bladder was of medium size. He was much reduced by constant pain, and had acquired the habit of daily taking laudanum. On Jan. 4th a No. 5 (English) catheter was tied into the urethra; in two days it was changed for a No. 8, which was worn without trouble for six days. On the 13th, at 4 P.M., Mr. Chas. Moss administered ether, and my friend Mr. John Morgan, surgeon to Charing-cross Hospital, was present and assisted me. The inlying catheter was removed, and a series of conical steel dilators was rapidly passed and withdrawn, up to No. 14 (English). Even then an ordinary lithotrite (No. 11) would not pass, owing to its blunt broad beak. A child's lithotrite (No. 8) was then introduced, and with this the stone, which was the size of a walnut, was seized and crushed, great care being taken that no débris remained between the blades of the lithotrite, and the instrument removed. A No. 12 (English) tube was introduced with difficulty owing to its bluntness, and an unmodified Clover's aspirating bottle attached. On attempting to withdraw this tube it was found impossible to bring it through the stricture, owing to a large fragment being engaged in the eye; the tube was returned into the bladder, a stylet was passed, the fragment pushed out, and the tube withdrawn, the piece of stone being afterwards crushed and washed out. The operation was a difficult one, and occupied nearly an hour, and every particle of stone was removed. The calculus consisted of a uric-acid nucleus, with phosphatic deposit round it. The fragments weighed over two drachms. A catheter was tied

in. 10 P M.: A rigor.—Jan. 14th: Has had a good night; all well.—18th: Removed the inlying catheter, and taught him to pass a coudée catheter.—20th: All pain gone. Takes only fifteen minims of laudanum daily, and this is simply the result of habit. The retained water is six ounces. He goes seven hours after passing his catheter before he has to pass water. This patient has enjoyed excellent health and complete comfort ever since. His stricture admits No. 10. He empties his bladder twice daily by catheter. He sleeps the night through without disturbance, and can ride in omnibuses and cabs without inconvenience. In March his health was so good that he bitterly regretted having abandoned his practice in the country, and, as he could not remain idle, he has begun again, and is now actively carrying on his profession in the north of London.

CASE 2.—Capt. J. C. P——, aged fifty-nine, a master mariner, brought to me by Dr. John M. Crombie, of Oakley-square. The patient has had stricture of the urethra for twenty years, for twelve months he has had much pain, and is now suffering dreadfully from constant agonising calls to pass water. He is much exhausted and very weak. The meatus is contracted, there is stricture at five inches, which with difficulty admits No. 6 (English), and on sounding him the bladder was found contracted upon a large rough stone. The patient is in too miserable a state to permit of any preliminary tying in of a catheter. On Aug. 22nd, 3 P.M., Mr. Charles Moss gave ether and Dr. John M. Crombie was present. The meatus was divided with a bistourie cachée, and the deep stricture rapidly dilated by the conical steel sounds up to No. 16 (English). A very large phosphatic stone was crushed, and the fragments entirely evacuated,

through a No. 14 tube, in fifty minutes. The lithotrite was so tightly grasped by the stricture, that towards the close much difficulty was experienced in feeling the fragments. The calculus was purely phosphatic, and the débris weighed over an ounce. A catheter was tied in. 11 P.M.: Slight discomfort. A morphia draught was given.—Aug. 23rd: The catheter removed.—24th: Pulse 100. Very little pain. Urine contains mucus.—Sept. 1st: Sounded; nothing to be found. Passes water every four hours. No pain. Urine clearer. The bladder does not empty itself by one and a half ounces.—5th: Went home well. Has learned to pass a catheter every night, in order to empty the bladder and to wash it out.—Oct. 26th: Called to say he was perfectly well. Holds his urine five to six hours in the day, and is not disturbed during the night to micturate. He is free from all pain. Has made arrangements to go to sea again.

Such cases are very encouraging. I am satisfied that the second one would have succumbed under any cutting operation, and certainly the first would have been exposed to infinitely greater peril if lithotomy had been practised. In both cases the utmost care was taken to thoroughly evacuate the bladder of stone, and the results redound to the credit of modern lithotrity at a single sitting.

The practical points to be attended to in attempting the removal of vesical calculus by lithotrity in the presence of organic stricture appear to me to be:—

1. Not to attempt such an operation if there is any false passage, or if the surgeon has not perfect confidence in his power to readily pass instruments in the particular case before him.

2. To use a lithotrite the blades of which cannot become

so separated by débris as not to be approximated before withdrawal.

3. To thoroughly break the stone into small pieces, leaving no large ones, before commencing evacuation.

4. To evacuate only with tubes provided with stylets, so that if a fragment becomes engaged in the eye of the instrument it can quickly be dislodged.

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