EXTRACT

FROM A

Clinical Lecture

ON

SOME POINTS OF PRACTICAL SURGERY.

Delivered to the Members of the British Medical Association.

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THE next point to which I wish to direct your attention is 'the remedy of obstinate strictures by external incision. There can be no doubt that dilatation, when practicable, is the best means of treating strictures; but there are cases which, from their extreme tightness, render the process very tedious and difficult; others that are so irritable as to prevent the introduction of instruments; and a third sort have such a tendency to contraction that no permanent advantage can be obtained in this way.

I saw to-day a case which afforded a good example of dilatation being insufficient to afford relief. A gentleman from Devonshire applied to me, six years ago, under the following circumstances:—After spending twenty years in the military service of the East India Company, he had gone to London, suffering from a stricture of long standing, and placed himself under the care of a late eminent surgeon, who tried dilatation in vain, and declared that he might with an equal prospect of success attempt to pass bougies through a deal board. The patient then inquiring what was to be his probable fate, received for reply, that, with care, he might be able to struggle on for five or six years; and upon expressing some disappointment that at the age of forty his prospect of life should be so brief and unsatisfactory, was told that he ought to consider himself fortunate, as many men did not live so long. Curiously enough, the patient did go on for six years, without further interference, but then found his existence so miserable, from frequent attacks of fever and retention of urine, that he resolved on applying to me.

I found a very tight stricture, but passed a bougie through it and completed the dilatation to its full extent without any interruption or the slightest disturbance, either local or constitutional. Colonel — then went home, and remained well for a considerable period. He then began gradually to suffer from a return of the disease, and last year came back to me with the contraction no less tight than it had been originally. I again completed the dilating process, although not so readily or so free from feverish attacks as upon the former occasion, and was not much surprised to learn that very soon after going home, he had again suffered from recurrence of the symptoms. He then happened to have business in London, and there applied to a practitioner who at present happens to occupy a prominent position. This person repeatedly tried in vain to pass instruments, and the patient therefore saw no prospect of relief except from another journey to Edinburgh. Now what was I to do in these circumstances? No doubt I could have dilated the passage again, but how long could the benefit so afforded be expected to last? and was it possible that this gentleman should every six weeks or two months perform a journey from Devonshire to Edinburgh. I felt it my duty to divide the stricture by external incision, and although a bougie has been introduced only once during the twelve months that have elapsed since he went home, I have to day passed an instrument of moderate size into the bladder without any difficulty.

I may now show you another patient, whose case not only affords a good illustration of the advantage attending division, but is also of great interest in regard to the pathology of fistula in perineo. This man had suffered for many years from stricture, and managed to maintain evacuation of his urine by pass-

ing a bougie, but at length, labouring under complete retention, was admitted into the hospital, where we found that an abscess had formed in the perinæum. I opened this abscess in the presence of my clinical pupils, and pointed out to them that the contents were entirely purulent, which they would not have been if the usual explanation were correct—that such collections result from infiltration of urine through ulceration of the urethra; at the same time explaining, as I have long been accustomed to do, that the stricture acts merely as a source of irritation; that the abscess in the first instance has no communication with the urethra; and that the fistula or passage for the urine is of secondary formation, through giving way of the septum between the abscess and urinary passage. Accordingly in this case more than three weeks elapsed before the urine escaped by the fistulous opening, which we then endeavoured to close by dilating the stricture; but although instruments of the full size were passed regularly every three or four days during seven weeks, no improvement could be perceived. I then resolved to divide the stricture, and you now see that while the perinæum is perfectly sound, an instrument of the largest size can be passed without encountering any obstruction in the urethra.

The object which I have chiefly in view at present is to explain a source of danger attending the operation that did not originally occur to me, and of which indeed I only lately became fully aware. In performing an operation upon the living body we are not in the condition of a blacksmith or carpenter, who understands precisely the qualities of the materials upon which he works, and can depend on their being always the same. The varieties of human constitution must always expose our proceedings to a degree of uncertainty, and render even the slightest liberties possibly productive of the most serious consequences; so that the extraction of a tooth, the opening of a vein, or the removal of a small tumour, has been known to prove fatal. Then it must be admitted that the most experienced, careful, and skilful operator may commit mistakes; and I am sure that there is no one of the gentlemen present who can look back on his practice and say he has never been guilty of an error. But, in estimating the value of any surgical procedure, we must beware of confounding the effect properly belonging to it with those that result from faults on the part of either the patient or the surgeon. Cases of the latter kind can never promote the improvement of our profession, or serve any higher object than supplying food for the morbid craving of ignorance and malevolence. It is therefore to the former that I wish to direct your attention.

In originally proposing the operation, I proceeded under the impression that the only sources of danger were hæmorrhage and extravasation of urine, and that if the incision were made in the middle line, there could be no possibility of injuring an arterial branch, while the introduction of a catheter would insure a safe exit for the urine. The procedure might thus be deemed absolutely safe. I have accordingly never seen extravasation beyond a little infiltration of the scrotum; and as to the hæmorrhage, I seldom find it amount to more than one or two teaspoonfuls at the time of the operation. In young, plethoric patients, there is sometimes, in the course of some hours afterwards, a farther flow, even to the extent of several ounces, from the corpus spongiosum, but this may be arrested by the slightest pressure of lint introduced between the edges of the wound. The only serious case of hæmorrhage I ever met with was in the case of a gentleman of about sixty years of age, from the west of England. About a week after the operation, when all seemed right, he began to bleed from the urethra. I then reintroduced the catheter with good effect for a few days, when the hæmorrhage returned, and proved so serious that I opened the wound, and tied an arterial branch, with the effect of finally putting a stop to the bleeding, and the patient is now in good health. What this vessel was, or where it came from I do not know, but I am quite sure that it had no business there, in accordance with the ordinary structure.

I advanced to between eighty and ninety cases without a single fatal result, and to show the value of statistics, may remark, that if I had stopped here it would have been perfectly legitimate for me to maintain that the procedure was entirely free from risk. It is true that alarming symptoms were by no means rare, since every third or fourth patient suffered from rigors, vomiting, delirium, or suppression of urine, but as they passed off in the course of twelve or twenty-four hours, I had come to regard them as rather curious than alarming, and as merely the result of some harmless commotion of the nervous system. At length a very distressing case gave me a different view of the subject. The patient suffered nothing from the operation; had the catheter taken out on the second day; was quite well on the third, and

on the fourth was lying dressed upon a sofa in the best of spirits. In the afternoon of that day, during the act of micturition, he felt an acute pain in the perinæum, and in walking from one room to another, fell on the passage so as to graze his forehead and the outer side of his knee; at the same time he had a violent rigor, followed by quick pulse and great pain in the injured parts. As the urine passed freely and entirely by the urethra, I expected that these symptoms would soon subside, but they continued, and went on to suppuration of the knee, with destruction of the eyeball, and terminated fatally at the end of several weeks. I felt quite unable to account for this case until the following one gave me additional light on the subject:—The patient suffered nothing from the operation, which was of the simplest kind, and as he did not complain at all of the catheter, was allowed to retain it three days. When it was then removed, he expressed perfect comfort, and afterwards wrote to his friends at home the most satisfactory accounts of his progress. At three o'clock of the afternoon he passed urine, and felt some pain in doing so, which was attended with a slight discharge of blood. Immediately afterwards he had a violent rigor, followed by delirium and insensibility. There was no pulse, no secretion of urine, and he died the next day. On examination there was not the slightest trace of urinary extravasation, or any other sign of local mischief; but the kidneys were gorged with blood to an extreme degree; and it was plain that death had resulted from a sudden shock to the nervous system.

In endeavouring to account for this effect, I recollected that the symptoms of disturbance were always connected with micturition after withdrawal of the catheter; and I also recollected that in all my practice, private as well as public, I had never, even in a single instance, encountered any bad effect of the kind in question, when there was a fistula in perineo. It, therefore, occurred to me, that the cause of disorder must proceed from the action of urine upon a raw surface produced by tearing of the imperfectly-united wound in the urethra. Under this impression, I thought that safety might be insured by preventing the wound from healing through frequently introducing the finger, so as to touch the catheter, and treated a number of cases on this principle with perfect success. But the tendency to union between the cut edges of the urethra is so strong that I sometimes found it necessary to use a little force in exposing the instrument; and upon two occasions of my doing so, the same deadly symptoms supervened that it was my object to prevent. I therefore resolved to obviate the danger more effectually by introducing a short catheter by the wound in the perinæum, and my principal object at present is to recommend this plan for your adoption. The instrument you see is about nine inches in length, slightly curved in opposite directions at its extremities, and having a couple of rings just behind the anterior bend for securing it in its place. In addition to the great advantage of affording perfect security, this catheter is much less irksome to the patient than the one hitherto in use, and cannot like it produce any bad effect by pressing upon the coats of a contracted bladder. It may be supposed that from not distending the urethra at the seat of stricture there may be inconvenience from contraction; and to obviate this, I used in some cases this flexible bougie, having a loop of thread at its extremity, which being protruded from the wound, allowed the catheter to slip through it, and so distend the canal. But this complication, I am inclined to think, is quite unnecessary, as the absence of it has not led to any practical inconvenience.

It has been frequently and very incorrectly said that I maintain the possibility of passing instruments at the first attempt in every case of stricture. I never did so, although it is true that during thirty years' practice I have never found it necessary, either in public or in private, to puncture the bladder on account of retention of urine from stricture; but in many cases I have required repeated and careful trials before being able to pass a bougie through the contracted part, my maxim always being, that if the urine gets out, an instrument through time, care, and patience may be got in. If, indeed, the canal has become obliterated by the effect of external injury, the state of things is different, and then the ordinary procedure is no longer applicable. I communicated to the Medical and Chirurgical Society of London a mode of overcoming this difficulty, which seems much more eligible than the old plan of cutting on the point of an instrument at the seat of obstruction. It was to pass a curved director, with its groove upon the concave side, through the fistulous opening into the bladder, which may always be very easily done, and then to push down upon it the instrument employed for guiding the incision in dividing strictures, so that the narrow

portion of it is forced through the obstructing texture exactly in the proper course of the urethra, and thus conducts the knife with certainty in the proper direction. I had lately an opportunity of learning that one of the two cases mentioned in that communication remains perfectly sound and well. The young man now before you affords another example of this plan proving successful. He came from Halifax, in Yorkshire, on account of a fistula in perineo, through which every drop of his urine had passed for five months, since the receipt of an injury by falling astride on a beam of wood. On examination, I found the urethra completely obstructed, and therefore performed the operation just described, with the effect, in six weeks' time, of restoring him to his present state of comfort. He now passes his urine in a full stream entirely by the urethra, and is going home with the prospect, I trust, of enjoying good health.

In connexion with this subject, I may notice a curious case that was lately sent to me by a gentleman now present, Dr. Roberts, of St. Asaph. The patient was a gentleman of about thirty-seven years of age, who had suffered long and severely from stricture, with fistula in perineo. In passing a small metallic bougie, I felt a hard substance behind the contraction, and, from my recollection of a similar case, at once recognised it as a piece of bone. Without delay, the stricture was divided, and these four small bodies removed. The largest has the size and form of a pea, the others being smaller and of an irregular figure. The largest one distinctly shows the osseous characters, but the smaller ones require a microscope for their detection. Urinary concretions are frequently met with behind a stricture, but exfoliations are hardly to be looked for in this situation, and can be accounted for on the present occasion only by the patient having in childhood suffered from disease of the pelvic bones.

Clinical Lectures

ON

INJURIES OF THE HEAD.

Delivered at St. Thomas's Hospital,

By SAMUEL SOLLY, Esq., F.R.S.,

SURGEON TO THE HOSPITAL.

LECTURE IV.

GENTLEMEN,—Two cases of injury to the head lately admitted into the hospital appear to me sufficiently interesting to be worthy of your serious attention. It enables me to continue in these lectures this interesting subject of injury to the brain from external violence to the skull. The first occurred a little while back, but I have not yet lectured upon it. I shall not detail it at length, but sketch it, I hope sufficiently clearly to be instructive.

Robert W—, a cabman, aged sixty, was pitched off his box on London-bridge. He struck the ground with the top of his head. I saw him fall. When picked up he was quite unconscious. He was in bed in the hospital within ten minutes after the occurrence of the accident, and within a quarter of an hour I found he had so far recovered from the concussion that he was able to tell his name and address.

There was some bleeding from the left ear, but no external laceration to account for it. I ordered him five grains of calomel every six hours; the head to be shaved, and a cold lotion applied. He continued in a stupid, lethargic state, but without actual coma, during the whole day, with a slow irregular pulse of no force or power. Towards evening he vomited, and his pulse became fuller. Ordered a common enema, and the cold lotion to be continued.

June 4th—the following morning—he was rather more conscious, and the pulse softer. He complains of pain at the top of the head, where there is a good deal of heat. Ordered ice in a bladder to be substituted for the lotion. The bleeding from the ear continues.