"Dear Mr. Ellis,—I have now used your spiral-wire drainage-tubes in cases sufficient to prove to me that they have these following advantages over any other means of drainage that I have yet seen:—

"They can be placed in sinuses of very small diameter, and with equal advantage whether the sinus have one or more openings.

"Their bore is not diminished by bending them to any angle.

"They cannot be flattened or shut up by contraction of the orifice of the sinus.

"They can be inserted with very great facility; and can be worn for any length of time, in fit cases, without causing irritation.

"They are cleanly, and excite no decomposition in pus or other fluids. "Sincerely yours, "JAMES PAGET."

It may be convenient that I should add that the tubes may be procured, of various sizes and lengths, from Messrs. Mayer and Meltzer, of Great Portland-street, W.

Sloane-street, July, 1869.

SOME OBSERVATIONS

ON THE OPERATIONS FOR EXTRACTION OF STONE PERFORMED AT THE LEICESTER INFIRMARY,

CONTAINING A STATISTICAL ACCOUNT OF THE LATERAL AND MEDIAN METHODS.*

By THOMAS W. BENFIELD, F.R.C.S.,

SENIOR SURGEON TO THE INFIRMARY.

I PROPOSE to give some account of the cutting operations for stone performed in the infirmery since the year 1851; and although I find it impossible to enter into the details of all the cases in the short space of time which can be allowed to any readers of papers at such a meeting as the present, I think I may venture to intrude upon your time and patience whilst I bring before you some statistics of the operations which have been performed here by the present surgical staff, comparing the methods chiefly adopted here with the lateral adopted elsewhere.

I am led to do this because I believe that the lateral operation, as a general rule, is that which is followed at most of the metropolitan and provincial hospitals, and because so high an authority as Sir Henry Thompson strongly advocates it in preference to the median method. It may, indeed, savour of presumption on my part to oppose, in any way, such authority; and therefore, with my comparatively very small experience, I desire only to state facts which have come under my own observation, and to elicit at this meeting the results of the experience of those gentlemen whose opportunities of observation have equalled and exceeded my own, and whose power of concentration and whose judgment have most probably surpassed what it has been my lot to possess.

It is most difficult to obtain a perfect comparative analysis of a large number of cases, because it needs a most minute and accurate detail of all the circumstances—such as age and constitution, the nature and size of the calculus, the condition of the prostate and urethra; and hence the great obstacle to the conveyance of such knowledge as shall unmistakably point to the safest and best method of removing stone from the bladder by lithotomy.

Each surgeon may have his own bias and opinion, dependent on his individual success, and more confidence, therefore, in his accustomed mode of operating, than in that which may have been more successful with others. I have performed both lateral and median operations in several cases, having had only two deaths; and the majority of my operations have been by the median method, or that advocated by Mr. Allarton in the pamphlet which he published in the year 1854; and this is the operation which, since its first adoption, has, with some few exceptions, been the practice of my colleagues and myself, and, I venture to believe, with very satisfactory results.

* A paper read before the Meeting of the Midland Branch of the British Medical Association held in Leicester on the 8th of July, 1869.

It is, as you know, a modification of the Italian operation; but I need not detain you by describing it, as it is almost certainly theoretically known to all, and practically to many of you. Sir Henry Thompson admits the applicability of it, especially to children, though I do not gather from his observations that he recommends it in preference to the lateral even in them; for he says, p. 69 in his work on Lithotomy and Lithotrity, published in 1863, "the lateral is generally, and no doubt correctly, held to maintain its superiority, as a rule, over other methods." Though, in speaking of it in children, he says that the deep incision in the urethra and prostate should be made with cleanness and decision, and with sufficient freedom to admit the tip of the operator's index-finger with tolerable ease; otherwise he may drive the neck of the bladder along the staff, or slide the finger into the cellular interval between the bladder and rectum. This, at least, shows how much care is requisite even in the lateral operation in children, and brings to my mind what before appeared to me one of the chief difficulties and sources of anxiety in the median operation in young subjects. Let each one of us be careful how he exult in his own success, for difficulties and *contretemps* occur to all, and do not necessarily imply want of skill. Again, one surgeon may have a long career of success, and yet by one or two subsequent misadventures reduce his previously large percentage of successful cases to the average, or below the average, of the good fortune of others. I have seen a similar accident, against which Sir Henry Thompson warns us, occur in the median operation, in which the urethra was so much torn as to preclude the possibility of passing the finger into the bladder, and in which the patient died without the removal of the stone. Mr. Maunder, of the London Hospital, has described in the *Medical Times and Gazette* (No. 972, p. 167) the case of a child in which this same accident occurred, with failure in the extraction of the stone, and which also resulted in death. I have made a copy of this case, and shall be glad to read it if required, and I think that its public narration redounds to his honour and credit.

These two cases show the importance of a sufficiently free and clean incision of the urethra in both operations, as the like accident may occur in either; and here I may enforce, *en passant*, the necessity of being sure of the entrance of the finger into the urethra before any attempt at dilatation of the prostate be employed in the median method. In Mr. Maunder's case, just alluded to, the difficulty he encountered was in passing the finger between the upper surface of the probe used and the under and grooved surface of the staff, in attempting which the prostate and neck of the bladder slipped away in front of his finger; and he, therefore, suggests the use of a grooved director instead of the probe, with a view to incising the prostatic urethra if the resistance at that point be great. Now this is not precisely Allarton's mode of operation; for he recommends the withdrawal of the staff after the introduction of the long probe, and before the introduction of the finger.

The practice which my colleagues and I have generally followed has been not to withdraw the staff until the bladder has been entered by the finger; though I have done this in one case, trusting to the probe alone as a director, because I had great difficulty in inserting my finger without the removal of the staff, and I have seen my colleague, Mr. Marriott, adopt the same plan. I have generally, however, found the staff a most useful director to my finger, and I consider that it, in addition to the finger, forms an admirable dilator of the prostate. Indeed this is the plan which Manzoni, of Verona, adopted; but he gives this necessary caution—viz., not to pass the finger into the prostatic urethra under the staff, but on the patient's right side of it. Now this plan I have always followed, rather indeed curving my forefinger towards the upper surface of the staff, and I am convinced of its importance.

I will now describe the chief structures divided in the two operations.

In the lateral: the skin and superficial fascia; the transversus perinæ muscle and transverse perineal artery; the deep perineal fascia; the membranous urethra and its muscular surroundings; very probably the artery of the bulb; a part of the prostate gland with its urethra; and frequently the accelerator urinæ muscle covering the bulb, and a portion of the levator ani.

In the median: the skin; the superficial and deep fascia; the membranous portion of the urethra and muscular fibres

surrounding it, but not of necessity the prostate gland, the avoidance of which, according to Mr. Allarton, is one of the chief advantages of the median over the lateral operation.

I consider that the division of the fewer and less-important structures renders the median operation worthy the consideration of surgeons. The largest stone that I remember to have seen extracted by this method, without any breaking by the forceps, weighed an ounce and a half avoirdupois; and I have removed several of nearly the same size successfully. If the stone were very large and the prostate unyielding, I should not hesitate to incise it, to extend the incision in the deep fascia, and to crush with the lithotrite, although I should incline in such cases rather to the adoption of the lateral operation.

(To be concluded.)

Fig. 1

indefinitely, & I think wisely.
It has been a sad upset here
but I am on a very pleasant

Fig. 2

The spring bed to be sold
This sofa to be sold,
also the writing table
& also the carpet in my

Fig. 3

be confirmed you
will oblige by getting
me discharged out the

Fig. 4

1850
March 8
Mr Charles Boyer M.D.
to the Bureau 26th
July 19 1850 Paris

ON THE VALUE OF THE HANDWRITING OF THE INSANE AS A DIAGNOSTIC SIGN.

By G. MACKENZIE BACON, M.D.

I wish to direct attention as briefly as possible to the value of the study of the handwriting of the insane as an aid to diagnosis in certain mental diseases, more especially in that commonly known as "general paralysis." Everyone is aware that the letters of the insane will often betray their mental condition when they may succeed in concealing it in conversation; but I have never seen any reference to the particular point I urge—viz., this, that the *change in the*

handwriting may be of great value in diagnosis, even without reference to the subject-matter. I will proceed to illustrate this by specimens from my own experience.

Fig. 1 is the handwriting of a gentleman now in an advanced stage of general palsy. This is a sample of his writing when in health, or at all events before the disease had declared itself definitely.

Fig. 2 is the writing of the same gentleman a few months later, at a time when the disease was hardly advanced enough to be apparent to an unprofessional person. In this case the early diagnosis was a matter of great importance, and at the time it was necessary to interfere the paralytic symptoms were not at all evident, and no one unfamiliar with such cases would have diagnosed the real nature of the disease. It is under such circumstances that the study of the writing may become a valuable auxiliary in forming a diagnosis; and I think it is plain that the lesser changes between the two extremes, as shown in Figs. 1 and 2, ought to attract attention, and have a certain weight. It is of course chiefly with the educated classes that this test is of value, as with the poorer and less instructed writing is a difficulty, and has not so distinct a character of its own.

The next two figures, however, show that it can be valuable. Fig. 3 is by a patient under my care this year. He was a pauper, but had been better off. His was a case of general paralysis in an early stage; and I had not the least doubt as to his disease when admitted. Not long after his admission, he wrote a letter, from which these lines are taken; and the last words (which are meant for "me discharged out this") are characteristic examples of the