Two persons looked pale, sallow, and with sunken eyes, as if they had suffered some severe evacuations, but the pulse in both is good. Seltzer water is given as common drink.

Recommended grated openings to be constructed in the walls of the small yards and rooms on a level with the floors. The air in these places being more or less stagnant to a height of eight feet at least.

Dr. Stevens, during our visit to the prison, and afterwards on the way to the Regent's Park, repeatedly asserted, that two-thirds of the patients which he showed us, *would* have fallen into collapse, and *would* have most certainly died if subjected to the ordinary plans of treatment by calomel, opium, stimulants, &c. In short, that the present usual mode of treating this disease is absolutely poisonous. When asked if he had ever seen even one case of blue collapsed cholera saved, that had been treated by the twenty-grain doses of culinary salt, and by nothing else, he candidly admitted that he never had, for that he recommended, in addition to the salt, large mustard poultices, hot saline and opiate enemata, and hot salt and water baths, friction, &c.

The substance of the above notes was written in the prison, or immediately after returning from it, and in their present state were read by Dr. O'Shaughnessy, previously to the publication of Stevens' work on the blood.

D. BARRY, M.D.

I have read the above notes, which I saw several days since, and have to state, that they are accurate in every respect.

(Signed) W. B. O'SHAUGHNESSY, M.D.
16th July, 1832.

TWO CASES OF
STONE IN THE BLADDER,
SUCCESSFULLY TREATED ACCORDING TO THE
NEW METHOD
BY PERCUSSION.

By BARON HEURTELOUP, D. M. P.

To the Editor of THE LANCET.

SIR,—I have the honour of forwarding to you for publication in your valuable journal two new cases, which afford fresh proofs of the advantages possessed by the newly-invented instrument (*the percuteur courbe à marteau*) not only for relieving calculous patients, but for doing so with rapidity. One of the patients, before I operated upon him with the *percuteur*, was subjected, without success, to the application of the *perce-pierre*, as several other patients have

been, whose cases are already given in THE LANCET. You must, I am sure, be well aware, that such cases are too precious and rich in scientific conclusions for me to omit directing attention to them. I have for a very long time observed the defects and inefficiency of the *perce-pierre*, and have attempted to prove, that to seize a stone in the bladder in order to reduce it to powder, by making *little holes* in it with an instrument, held only by the unsteady hand of an assistant, was a method as dangerous as it was incompetent. Having devised various means with a view to improve the operation, is it not natural and right that I should exemplify the utility and advantages of these means, by proving that they have enabled me to relieve patients who had been unsuccessfully operated upon by other methods? In giving these proofs, it is merely necessary to state, that the instrument resorted to failed, and quite useless to specify by whom it was employed. This is what induces me to pass over in silence the name of the surgeon to whom Mr. Jones (the patient who forms the subject of one of the following cases) first addressed himself, as I refrained from mentioning the names of the other surgeons who operated, without success, on other patients whose cases have been given. I adopt this plan in order to avoid controversies, which are in no way serviceable to science. All that I wish known to the profession is, that by the employment of the *percuteur*, patients have obtained rapid and effectual relief, where the *perce-pierre* has proved unsuccessful. And this all will allow, that I may and ought to publish, although I am grieved to think that in doing so I may interfere with certain pretensions. Those who oppose and condemn my labours, and repudiate my ideas on *lithotripsy*, have one effectual means of maintaining their opinions, and giving them weight, which is to *succeed* with the system they advocate, and which they think requires no improvement in relieving all the patients who come under their hands. Were that the case, I should consider myself surpassed in fair fight; and I can further assure them, that I never would employ in my defence, arms which all upright and honourable men condemn, but should direct all my efforts to recover myself by seeking for the means of self-improvement. I am, SIR,

Your obedient servant,

BARON HEURTELOUP, M.D.
1, Vere-street, Cavendish-square.
July, 1832.

CASE I.

About thirteen years ago, Mr. B***, 59 years of age, under sheriff at Ipswich, a man of good constitution, observed from

time to time some red sand deposited at the bottom of his urine, and occasionally felt slight pain in the left kidney; he continued for the first five months to pass fine powder, but after this time, the grains, round and smooth, gradually became larger, and at last resembled mustard-seed. In 1820 he came to London, and consulted the celebrated Mr. Clune, who prescribed carbonate of soda; the patient took this medicine at different intervals for four years, but this did not prevent the formation of gravel, which, on the contrary, increased in size. In 1825 the calculi voided resembled small peas. Mr. B*** then consulted Dr. Williams of Ipswich, who recommended him to take magnesia, but it had not the desired effect; the patient still continued to pass a great number of calculi; sometimes, when they were small, thirty or forty at once; at other times three or four larger ones. These continual evacuations of stone were unattended with pain, and the patient's health was not at all affected until 1826, when he had an acute attack of nephritis, accompanied with extreme difficulty to make water, and occasional copious discharges of blood. This attack was treated with opiates and antiphlogistic means, and on the second day Mr. B*** experienced an unusually violent desire to make water, and voided a calculus much larger than any of the others; this afforded him great relief, but it was of short duration; the former pains soon returned, and became complicated with other symptoms, clearly indicating the existence of a stone in the bladder. He again consulted his medical advisers, and various remedies were tried, but with little or no success. No sooner did the symptoms assume all the characteristic features of stone in the bladder, than the patient ceased entirely to void gravel.

Mr. B*** seeing at last that he could neither ride on horseback, nor even walk, for ten minutes, without suffering excruciating pain, and discharging considerable quantities of blood, followed Dr. Williams's advice, and came to London to be sounded. It was also his intention to seek for information respecting the operation of lithotripsy, which he resolved to undergo, having the greatest dread of lithotomy, and having decidedly refused ever to submit to its performance. He consulted Mr. Brodie, who having felt the stone in his bladder, did me the honour of recommending him to me.

With the *recto-curvilinear catheter* I discovered that there was a good deal of sensibility in the urinary organs, a moderately capacious urethra, but small at the external orifice and very contractile, a rather large and regular bladder, but a contracted *bas-fond*: the stone was about the size of a

large walnut, flattened, smooth, and moveable.

In five applications of the *percuteur courbe à marteau*, of from two to three minutes each, the stone was reduced to powder and pieces sufficiently small to be voided with facility by the urethra.

Mr. Brodie and Sir David Barry witnessed one of the operations, and Mr. B***'s brother-in-law was present at all but one.

Reflections.

Now that the mode of action of the *percuteur courbe* is becoming generally known, this case does not present any very interesting feature; it is a proof, however, additional to the numerous cases already published, in which the *percuteur* was employed, of a cure (although the stone was of considerable size) being effected rapidly, and with little pain or danger. This result was obtained without subjecting the patient to the long *sittings* which are unavoidable when the *perce-pierre* is used, in cases of stones of sufficient magnitude to require much boring before they give way. With the *percuteur* the applications are always of short duration, the bladder is not much fatigued or irritated, and the operations may, when necessary, be continued, safely, at short intervals.

The thing most worthy of remark in this case is, that as soon as a calculus remained confined in the bladder, the evacuation of gravel, to which the patient had for so many years been subject, *immediately and completely ceased*. This circumstance often occurs; and it is well to notice and remember it.

It is interesting to inquire how we are to explain, that a patient in the habit of passing gravel (which is formed generally in the kidneys) should in almost every case cease to do so as soon as a calculus grows too large to pass out by the urethra. When the patient's urine has previously deposited powder only, we can conceive that this deposition takes place on the foreign body contained in the bladder, and is not sufficiently abundant to supply a sediment at the bottom of a vessel; but the explanation is not so easy when the patient voided small calculi before; and yet the fact is often met with; and Mr. B***'s case is an example in point.

Does a stone in the bladder modify the discerning action of the kidneys, and does this modification, supposing it to exist, tend to prevent the formation of calcareous matter?

CASE II.

Mr. Jones, *ætat* 59, of South Street, Manchester Square, of rather a robust con-

stitution, has, during the last twelve years, been in the habit of voiding calculi, varying from the size of a pea to that of a small horse-bean, at intervals of about two years. These evacuations continued till October, 1830, and were sometimes accompanied by the symptoms indicative of the formation of gravel in the kidneys, and its passage along the ureters. In October, however, 1830, the patient, after having for some time before experienced a considerable increase of pain, voided a calculus much larger than any of the others; he hoped that this would afford him relief, but he was painfully disappointed, for the former symptoms not only continued quite as severe, but became complicated with others of a more serious nature, presenting all the marked features of stone in the bladder.

Mr. Jones took the prudent part of immediately consulting Mr. Chesterman, his medical attendant, who prescribed soothing medicines, and in November commenced dilating the urethra by the passage of bougies, which facilitated the escape of a calculus of the size of a marrowfat-pea. Still the symptoms remained unabated. In February, 1831, the patient was sounded, and a calculus was distinctly felt. Mr. Davis, a medical gentleman, and a friend of the patient, recommended him to have recourse to *lithotrity* for the removal of this stone, and he introduced him for this purpose to a practitioner who "undertakes this branch of surgery." This surgeon performed the operation with the *perce-pierre*, but unfortunately could not succeed in seizing the stone, notwithstanding many long and painful manœuvres. This fruitless attempt greatly deteriorated the state of the patient; the bladder became extremely irritable; the urine was voided much more frequently, and became catarrhal and purulent, and the pain was more acute and lasting. These unfavourable symptoms continued with little abatement for about eight months, during a part of which the patient was confined to his bed. In order to obtain relief from so grievous a state, Mr. Jones had recourse to a quack lithontriptic medicine, known as *constitutional water*, of which he drank a great quantity without benefit.

In the month of February, 1832, Mr. Jones again consulted Mr. Chesterman, who recommenced introducing bougies, and dilated the urethra to some extent, but this time without effect; the symptoms continued of the most intense kind, and the patient found no easy moments, except from the introduction of opium suppositories.

Finally, about eight or nine months after the first attempt made with the *perce-pierre*, Mr. Jones submitted a second time to the application of this instrument by the same

surgeon. The result of this attempt was not, however, more favourable than that of the former one; and it was after the patient had for nearly a year been labouring under all the serious derangements of health caused by these unsuccessful operations, that he, according to the advice of Mr. Chesterman, consulted me about two months after the last one, and desired to place himself under my care.

By a *methodical catheterism* I discovered a rather large urethra, and an exceedingly contractile and very sensitive bladder, presenting so little room in its *bas-fond* as only to allow the instrument about half an inch play from before backwards; the stone was situated laterally, and appeared wedged in; it appeared of a rounded shape, and about as large as a good-sized walnut.

I consented to perform the operation with the *percutateur courbe*, although the extreme sensibility of the bladder, and the little space to be found at its *bas-fond*, gave me some doubts as to the possibility of effecting a rapid cure. My doubts however soon disappeared, for in the first application of the *percutateur*, this stone, which with the *perce-pierre* could not be seized, was immediately taken and comminuted; in two other applications at short intervals the remaining portions were pulverised in the same manner.

In the course of the treatment, several considerable fragments become so firmly lodged in the urethra, that it was necessary to extract them by the employment of suitable means, to which I alluded in a former case.

Mr. Chesterman, the patient's medical attendant, assisted at the three applications of the *percutateur courbe*, and Mr. Jones is now perfectly well, and free from the slightest sensation that can remind him of his ancient complaint.

Reflections.

This case is simple, but it is instructive; for it shows the comparative goodness of two different instruments; we see what serious consequences followed the unsuccessful application of the *perce-pierre*, and how rapidly the patient was relieved with the *percutateur*. Although I think it possible with the *perce-pierre*, in skilful and practised hands, to relieve a patient who has in his bladder a stone as large as a walnut, I do not think that the cure can be, by a great deal, as rapid, and above all as *safe*, as I have observed it to be with the *percutateur*. In the present case, however, I very much doubt whether the employment of the *perce-pierre* could have been followed with success, although the stone was not very large; for it was firmly retained in the lateral portion of the bladder, where it

can readily be seized by the *percuteur*, but cannot be seized by the *perce-pierre*, which can only safely grasp a stone that is placed in the axis of the instrument, directly opposite the neck of the bladder. It is because those who have been engaged in the study of *lithotripsy* have not sufficiently studied the influence which the situation, size, and shape of calculi, have on this operation, that these important points have been overlooked and considered too lightly, and that evident deficiencies in this art have not been discovered and remedied; it is, unfortunately, for the same reason also, that some operators obstinately persist in treating patients by means which they know must so frequently cause the most fatal consequences. I regret to say that in Mr. Jones' case, notwithstanding the deplorable result which followed the two first applications of the *perce-pierre*, the surgeon who operated would have renewed the imprudent attempt. If we reflect a moment, we shall see the dangerous consequences of such perseverance. I make this reflection, in order to prevent, if possible, an operation, safe and valuable in itself, from being exposed to reproaches of which it is undeserving. I will here make another important remark, which will still more clearly show how inapplicable the *perce-pierre* was. On account of the short distance from the neck to the posterior part of the bladder, there was not sufficient room to expand the branches of this instrument; for, by means of the *percuteur*, which from its form and action gives a very correct estimate of this space, I ascertained that there was not more than an inch; and in order to grasp a stone of the size of a large walnut with the *perce-pierre*, the branches must be projected two or three inches from the tube which contains them; it is evident, therefore, that the hooks of the branches must have been in immediate contact with the coats of the bladder, which could not have been unattended with danger.

Finally, I terminate these reflections by remarking, that when the fragments became entangled in the urethra, there was a copious discharge, which ceased entirely when they were extracted with the instruments of which mention has already been made in General M.'s case. I have sometimes, but rarely, seen this discharge supervene in similar cases.

“ REASON OF THE VERDICT AGAINST
RYAN AND CO.”

[As Dr. RYAN seems to think that the publication of the following letter will be of service to him, we most readily give it a

place in the pages of this Journal. The debateable points in it, however, are almost too prominent to require any elucidation in the shape of comment; but it is just possible, and no more, that we may bestow a few words on it in the next LANCET.—ED. L.]

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To the Editor of THE LANCET.

SIR,—It was my determination not to notice your remarks on the late libel cases, so long as your statement of the evidence in the trial of *Ramadge v. Ryan* was correct; but I observe that you have inadvertently, no doubt, for you were not present, made many misrepresentations of it, which I cannot in duty to myself allow to pass unnoticed.

You state in your last Number, that the Chief Justice, Jury, and Counsel for the plaintiff, dwelt with much earnestness upon the fact, that the alleged libel had not been copied precisely as it was first published, that Dr. Ryan was here utterly defenceless, his counsel had nothing to urge in mitigation or extenuation, and that Mr. Serjeant Taddy should have been instructed to point out the difference after the manner you suggest. This is the substance of p. 473 of the last Number of THE LANCET.

In reply I must state, without meaning or intending you any disrespect, that the above is a gross misrepresentation of what happened in Court. The Chief Justice told the jury, that the libel copied from THE LANCET was the only part of the article in the *Medical and Surgical Journal* for their consideration, and that the defendant's comment was of minor importance. It is not true that I was defenceless, and that my counsel had nothing to urge in extenuation, &c., for Mr. Serjeant Taddy gave ten times a better explanation than you suggest, and showed that the difference of the copy was in my favour as less libellous and offensive to the plaintiff, as I had expunged your title, “Result of upholding Quacks—the tea-spoonful doses of calomel, the name and residence of the patient, &c.” Now all this appears in the authenticated report of the trial published in the *Medical and Surgical Journal*, July 7th, a week before you made the above statement; but it is not a pleasant thing to quote a rival publication, and it is also wise in you to endeavour to make it appear, that our cases were different, and that the verdicts should be different. But this special pleading is too shallow, it will never do; “it would,” as was well observed by *The Times* (June 23th ult.), “be a gross libel upon the administration of the law in this country, that the decisions” (in our cases) “are to be explained by reference to the different modes of conducting the two trials. We