to become a text-book for patients), and no good purpose is accomplished by so constantly reminding them of their deficiencies.

Secondly, by the omission or very material modification, in future editions, of the not very dignified and, as it seems to us, unnecessary diatribe against Mr. Henry Smith, contained in Chapter V. Whatever be the merits or demerits of the "clamp and cautery" treatment of piles, it would have been quite sufficient for Mr. Allingham (more especially as he was not writing a critical review of Mr. Smith's Lettsomian Lectures, but an independent monograph) to express his own views upon the subject, without accusing other gentlemen, whose professional standing is not inferior to his own, of making "extravagant and unreasonable statements," and "reckless assertions."

Except in these few particulars, in which it seems to us that Mr. Allingham's zeal has outrun his judgment, his book impresses us, as we have already said, very favourably, and we take pleasure in commending it to our readers as a valuable addition to the literature of rectal surgery.

J. A., JR.

ART. XXIX.—*Practical Lithotomy and Lithotrity; or, An Inquiry into the Best Modes of Removing Stone from the Bladder.* By Sir HENRY THOMPSON, Surgeon Extraordinary to H. M. the King of the Belgians, Professor of Clinical Surgery, and Surgeon to University College Hospital. Second Edition, considerably enlarged. 8vo. pp. xvi, 327. London: J. & A. Churchill, 1871.

THE first edition of Sir Henry Thompson's now classical work appeared in 1863, and was very favourably noticed in the number of this Journal for January, 1864 (p. 224). During the seven or eight years which have passed since that time, the distinguished author has had unrivalled opportunities for studying calculous disorders and the best modes of dealing with them, and it is but simple justice to add, has apparently made the best use of those opportunities, so that, in its present form, his work may not only be regarded (as it was declared to be in the notice of the first edition, which has already been referred to) as "far superior to any other in the English language on the same subject," but as superior also to any similar work known to literature.

In the first portion of the volume, Sir Henry Thompson gives an account of the dimensions and surgical anatomy of the perineum, and of the various modes of extracting a stone from the bladder by a cutting operation. The lateral operation is first described, the bilateral, medio-bilateral, median, and other perineal operations being next considered, and finally the supra-pubic, or "high operation." Not only is each method accurately and fully described, but the several steps or stages of the operations are made the subjects of a running commentary, discussing impartially the diverse opinions held by various operators, while numerous intercalated woodcuts (which are really illustrations, and not merely pictures) serve to bring out the meaning of the text much more clearly than could be done in any other manner.

Sir Henry Thompson does not recommend that the bladder should be injected before lithotomy, as is usually done in this country, believing "that it is sufficient to take the chance of the urine accumulating an hour before the operation," and quotes Cheselden and Crichton to the effect that, if the bladder is nearly empty, the stone will invariably be found at its neck. The staff, he advises, should be held "strictly in the median line," and "made to rest steadily

hot lightly against the lower border of the symphysis pubis." In speaking of the first incision (in the lateral operation), the author alludes to the various points at which different operators recommend that it should be begun—Sir William Fergusson giving an inch and three-quarters as the proper distance from the anus for the knife to be applied, while most authorities give an inch and a half or an inch and a quarter, and Coulson and Keith of Aberdeen only an inch—and expresses the opinion that it is, upon the whole, easier "to err, if it be an error, by placing the incision too low rather than too high." To avoid the risk of wounding the rectum in so doing, however, the operator should not overlook "the necessity for commencing at a little greater distance from the raphe, when he enters the knife at an inch or inch and a quarter, instead of an inch and three-quarters, above the anus." For the deep incision, Sir Henry Thompson ordinarily employs the sharp-pointed knife, because, as he says, "there is a certain ease and simplicity in the use of a single knife, . . . and, unless there are some exceptional circumstances, it must be admitted to be both a safe and convenient instrument." If, however, the stone is very large, requiring the knife to leave the staff in order to make the deep incision sufficiently free, or if the perineum is very deep and the prostate very large, it may be better to complete the operation with the probe-pointed knife, and in the latter case to use the blood-socket to aid the introduction of the forceps.

With regard to the *extent* of the prostatic incision, the author judiciously points out that there is danger in either too small or too large a wound:—

"From what I have seen," he says, "I am persuaded that insufficient internal incisions are equally dangerous with those which are too free, and that the tendency of the present day is towards the former extreme. . . . Danger is always great in a ratio proportioned to the size of the calculus, but this arises quite as much from the violence inflicted in removing it, as from the depth of the incisions employed."

At the same time, Sir Henry Thompson is by no means an advocate for unnecessarily free incisions, and properly insists upon the great dilatibility of the neck of the bladder, a property which "is of the utmost value to the lithotomist," but to take advantage of which "the dilatation must be made slowly and gently."

"If there be any single proceeding in connection with the practice of lithotomy . . . which demands, more than any other, of care, attention, and self-command, I should say it is the manner in which we traverse with instruments the wound in the neck of the bladder. . . . I am strongly inclined to think that in many hands the forceps, and not the knife, is the most deadly instrument employed in lithotomy."

The chapters on the "curses of death following lithotomy," and on the "difficulties and dangers met with in lithotomy," are full of sound practical instruction, and will well repay careful study, but our limits will not permit us to dwell upon them, and we therefore pass on to Chapter VII. (which the preface tells us is a new one), on "the results of lithotomy." Some years ago, Sir Henry Thompson collected with great care the particulars of 1827 cases of lateral lithotomy, which had occurred in the hands of surgeons who had practised that operation to the exclusion of any other. Of these 1827 cases, 1028 were in persons under, and 799 in persons over, sixteen years of age, and the number of deaths in each category, respectively, 68 and 161. It may therefore be safely said that the mortality of lateral lithotomy is for children 6.61 per cent., and for adults, 20.15 per cent., or a little more than one in five. It would be obviously unfair to compare this mortality with that of lithotripsy, for the latter operation is practised in the most favourable cases, while lithotomy is reserved (by surgeons who employ both methods) for those which promise the worst re-

sult; and there is the same difficulty in comparing the statistics of the lateral with those of the other cutting methods, for some of them, as the median, are only practised in cases of small calculi, while others, as the retro-vesical, suprapubic, and, to a less extent, the bilateral operation, are habitually reserved for cases of unusually large stone.

The death-rate of lithotomy in adults, as shown by the records of Brodie, Ferguson, Keith (of Aberdeen), and Sir Henry Thompson himself (all referred to in the present volume), is 7.54 per cent., 41 deaths having occurred among 544 patients. Sir Henry's individual experience is still more favourable to the operation (204 cases and 13 deaths, or 6.37 per cent.), and, in view of the fact that he adopts lithotomy in *five-sixths* of all the cases of stone he meets with, shows that he must have brought the manual procedure to a very high point of perfection.

In order to estimate with approximate accuracy the advantages which have really been derived from the introduction of lithotomy as a substitute for lateral lithotomy, we should be able to place together statistics showing the mortality after the latter operation in the hands of those who practise no other, with the results of all cases occurring in the practice of those surgeons who employ both methods. The figures are wanting to enable us to do this on a large scale, but taking the record of Sir William Ferguson, as published in his *Lectures on the Progress of Anatomy and Surgery*, and that of Dr. Keith, as quoted in the volume before us, we find that 495 cases treated according to the judgment of the operators, either by cutting or crushing, gave in all 90 deaths, or a mortality of 18.18 per cent., and comparing this with the death-rate of lateral lithotomy in adults, as given above (20.15 per cent.), we may infer that by the adoption of lithotomy in suitable cases, an absolute saving of life is effected of about two per cent. This difference, though probably less than is commonly supposed by enthusiastic lithotomists, is, we think, sufficient to render it the surgeon's duty to employ lithotomy in every case in which it is not positively contra-indicated.

We must pass over the second portion of Sir Henry Thompson's book very briefly, though it is in some respects the most valuable part of the whole, and certainly gives a most satisfactory exposition of the science and art of lithotomy. Turning to the twelfth and thirteenth chapters, which we learn from the preface are new, we find in the former a consideration of various complications, which are ordinarily supposed to contra-indicate lithotomy, and in the latter a very fair estimate of the *results of lithotomy*, embracing an analysis of 204 consecutive cases¹ of the operation, which have occurred in the author's own practice. This chapter is essentially a reproduction of a paper read by the author before the Royal Medical and Chirurgical Society, and published in its *Transactions* (see notice at p. 177 of this No. of the Journal). The various forms of organic disease which are commonly supposed to contra-indicate lithotomy are enumerated by Sir Henry Thompson as (1) organic stricture of the urethra, (2) hypertrophy of the prostate, (3) atony and paralysis of the bladder, (4) a sacculated condition of that organ, (5) tumours of the bladder, and (6) disease of the kidney. That urethral stricture is not necessarily a contra-indication to lithotomy, is shown by three cases, the details of which are given in the present volume, in which the author succeeded by "continuous dilatation" in so far overcoming the contraction, as to permit the use of a small flat-bladed lithotrite, by which crushing was satisfactorily accomplished. Prostatic hypertrophy

¹ These cases are briefly reported in an appendix to the volume.

does not offer any very serious impediment to lithotrity, though, if the enlargement be great, the lithotrite must be worked with the blades reversed, and the removal of fragments aided by washing out the bladder with Clover's or some similar apparatus. Artificial evacuation of fragments is also required in cases of vesical atony or paralysis. Sacculenation of the bladder, if it could be recognized beforehand, would furnish ground for resorting to lithotomy instead of lithotrity—though it forms a most serious complication of either operation—but unfortunately is seldom detected until after death. Tumours of the bladder and renal disease can scarcely be regarded as contra-indications to lithotrity, for although they of course diminish the chances of a successful issue, they still more increase the risks of any cutting operation.

With regard to lithotrity in cases of *multiple calculi*, the author gives the practical hint that the surgeon should confine his attention to one stone at a time, and not attack a second until the first has been pretty thoroughly pulverized; by this precaution the risk of encumbering the bladder with a large number of angular fragments is avoided.

In terminating this notice of Sir Henry Thompson's excellent volume, we will refer to a point of some historical interest, namely, the question, who was the originator of lithotrity? In the present work, the credit of first systematizing the plan of treating calculus by crushing is attributed to Gruithuisen, a Bavarian surgeon, who wrote in 1813, and a similar statement is made by Sédillot, Velpeau, Conson, and most other authorities who have referred to the subject; but in Vol. XI. of the *British and Foreign Medical Review*, for Jan. 1841 (p. 270), is advanced a claim of priority on behalf of two Italian surgeons, Santorio and Ciucci, who flourished in the seventeenth century, and this claim, so far as we know, has never been satisfactorily disposed of. We may add that for this item of surgical history we are indebted to that well-known bibliophile, Dr. Samuel Lewis, of this city.

J. A., Jr.

ART. XXX.—1. *The Deformities of the Human Body; a System of Orthopædic Surgery, being a Course of Lectures delivered at St. George's Hospital.* By BERNARD E. BRODHURST, F.R.C.S., etc. etc. 8vo. pp. xii., 259. London: J. & A. Churchill, 1871.

2. *A New Operation for Bony Ankylosis of the Hip-joint with Malposition of the Limb, by Subcutaneous Division of the Neck of the Thigh-bone.* By WILLIAM ADAMS, F.R.C.S., etc. etc. 8vo. pp. vi., 68. London: J. & A. Churchill, 1871.

1. THE chapters of Mr. Brodhurst's work, we learn from the preface, were originally prepared as lectures, which were delivered at St. George's Hospital; subsequently they were published in the *Lancet* and are now reprinted with some modifications, and rather ambitiously heralded as a "System of Orthopædic Surgery." In one sense, indeed, the volume before us may properly be called a systematic work, inasmuch as it devotes a few pages to each subject which is usually included under the head of orthopædic surgery; but if the reader expects to find in Mr. Brodhurst's "System" an exhaustive treatise on the deformities of the human frame, he will be most grievously disappointed; and, indeed, when we call to remembrance the excellent and elaborate works upon special branches of orthopædic surgery, which have been published within a few years, we cannot but wonder that the author should not have rather called his