

My principal object in these remarks is to state, that as I believe phthisis pulmonalis to be scrofula of the lungs, the application of iodine directly to the blood in the lungs is the most certain, if not the most direct, specific remedy for it. Iodine has for years been proved to be an efficacious remedy for glandular swellings of the goitrous and scrofulous kind, but when taken internally its effects are too powerful to be continued long enough to prove sanatory to tubercles; but when applied in the form of vapour, by inhalation, it comes into immediate contact with the disease, and its efficacy is tested, and if not a specific for consumption it approximates very nearly to one.

I am trying its efficacy upon one hundred patients, watching carefully the effects, noting daily the symptoms, and if the results be satisfactory I will publish the cases; and surely it is the duty of every medical man to exert his utmost abilities in endeavouring to oppose barriers to the wasteful voids occasioned so frequently in families by consumption. By the returns published by the registrar-general, it appears that from two to three hundred die weekly from it in London. If a few practitioners would try the iodine in vapour, and compare notes, a most valuable and elegant mode of applying a powerful remedy would be brought into practice, and, for aught we know, a most destructive and distressing disease would, if not cured, be greatly mitigated. I am, Sir, your obedient servant,

ROBERT JEFFS.

Finsbury-square, June 21, 1842.

LITHOTRITY.

ITS ADAPTATION TO CASES, THE PAIN ATTENDING ITS PERFORMANCE, THE CONSTITUTIONAL DISTURBANCES SAID TO FOLLOW IT.

To the Editor of THE LANCET.

SIR,—Having read within the last few days a review, which appeared in *THE LANCET* of the 14th of May last, on a work entitled “Treatment of Stone in the Bladder by Medical and Mechanical Means,” and believing that some of the remarks and statements there made concerning lithotripsy are calculated to give your readers a very incorrect idea of a confessedly “great addition to our surgical therapeia,” I am anxious to state what I have been enabled to observe in the practice of M. Civiale, during a residence of between three and four months in this city; and I shall feel happy if the following few remarks are deemed worthy of a place in your already well-filled pages.

In the first place I would remark, that many of the objections made to the operation in question, not only here but elsewhere, are urged only against “its indiscriminate use;” and all the arguments founded on

these objections seem to go upon the supposition that the supporters of lithotripsy advise or practise that operation in every case of stone which presents itself. In point of fact, however, there are few, if any, experienced lithotritists who do not meet with many cases unsuited to their favourite plan of treatment, or who pretend that it is universally applicable. With regard to M. Civiale, who has been particularly mentioned in the observations in *THE LANCET*, even if we had not his opinions distinctly expressed on the subject, the very fact quoted by the reviewer, that out of five hundred and six cases one hundred and ninety-nine were considered by him as unsuited even for a trial of lithotripsy, is sufficient to show that he has never recognised the principle of indiscriminate application himself, and has done all he could to prevent others from falling into so dangerous an error.

Such a principle being shown to have no supporters, it must be evident that it did not require to be formally opposed, or even seriously considered; and the author who so far digresses cannot be said to have thereby advanced in the slightest degree towards the discovery of truth. He is more like one who raises an obstacle to his own progress on purpose to overthrow it, and who forthwith glorifies himself upon having discovered and overcome a great difficulty.

But this mode of arguing the subject not only fails to do good, it actually does harm. Those who consult such an author without themselves examining into the merits of the case, naturally infer that what he so strenuously opposes must be a part, if not an important part, of the new doctrine; and seeing the absurdity of the position thus easily shown to be untenable, they dismiss the whole proposition from further thought, as being impracticable and dangerous in the extreme.

When the general merits of different operations or plans of treatment are under discussion, and when the advantages and disadvantages of each respectively are professed to be duly considered, such a line of conduct is particularly to be deprecated. The critic even, for his own sake, should be unusually careful to give to each the whole, and no more than its due, for when the partisan is discovered in the disguise of the umpire, all his decisions become equally the subject of doubt and suspicion.

Of the arguments, however, in the article to which I have referred, directed against the operation of lithotripsy as applied to the cure of stone under certain circumstances, there are two which I wish more particularly to draw attention to. One has reference to the pain produced by the operation, and the other to the danger of a general shock to the system, and of constitutional disturbance more or less immediately consequent upon it.

Everybody is well aware of the difficulty of describing pain, and the still greater difficulty of conveying any very exact idea of its intensity. Comparison is less easily applicable here than in many other sensations; and even the same individual often hesitates before he can decide which of two different kinds of pain, already suffered, is the more severe. When, therefore, we are told that a patient suffers very intensely during a lithotriptic operation we learn very little, because we are ignorant of any scale upon which the pain of an operation can be measured.

But when we are told that the pain of lithotripsy is equal if not superior to that of lithotomy, then, however little, there is still some ground for the surgeon to go upon, because he knows the expressions of pain which are usually extorted from a patient undergoing the latter operation. With respect to the first assertion, I can only say that if the pain is really so intense, the individuals whom I have seen subjected to the hands of M. Civiale, have possessed an extraordinary self-command, and have made wonderfully light of their sufferings when questioned about them immediately afterwards. With regard to lithotomy, I may reply that there is a patient at present in the Necker Hospital who has undergone both lithotripsy and lithotomy, and who would not easily be persuaded to subscribe to the above opinion, although lithotomy was ably and dexterously performed.

With regard to the kind of pain, the patient most frequently complains of violent desire to make water, which, however, is so bearable, that he can prevent himself from crying out in a loud voice, or from interfering in any way with the progress of the operation. He very seldom complains of any aching or shooting pain; and immediately that the instrument is withdrawn, and the fluid allowed to escape, he is quite relieved. All this is very different from lithotomy, and makes it difficult to understand how so exact a comparison can be made. I am aware it may be said that desire to make water, as it is called, may become intensely painful, and that a patient suffering under retention of urine experiences sometimes as much agony as man can well endure. But this feeling in lithotripsy does not, or, at all events, ought not, when properly performed, to become so intense; and as yet I have never seen it even approach that degree.

It is difficult, as I said before, to give any exact idea of the amount of pain experienced by others; but when I say that out of thirty-one operations, in nine patients, and under various circumstances, I have only seen one instance in which it was necessary to restrain the patient by even the hand of an assistant; it is enough to show that the pain could not have been very intense. In the case I allude to, the patient, a feeble man, sixty-six years of age, merely required an assistant to steady

his knees, which, if left to themselves, unsupported, in the semiflexed position, were apt to move tremulously as soon as the instrument was introduced into the urethra. In these numbers I include several searches (made after the termination of the treatment), which were always more painful than the operations themselves; inasmuch as the instruments, sometimes having three branches instead of two, were obliged to be brought more frequently and extensively in contact with the parietes of the bladder. I do not mean to assert that the patients did not sometimes suffer considerably; indeed, I cannot imagine any efficient surgical operation on these highly sensitive parts (unless, indeed, we ought to except lithectomy,) without a certain amount of actual suffering; but from the fact I have just stated, and from other circumstances, which limited space does not permit further mention of, I gather quite sufficient to convince me that the expressions above quoted, if meant to refer to the amount of pain necessarily attendant on lithotripsy, are greatly exaggerated.

But the most extraordinary assertion made with respect to the pain of lithotriptic proceedings is, that "if the sittings have to be repeated four, five, or six times, each becomes ever more painful than the last, till the business is literally one of torture." The fact so well known to every surgeon and physiologist, that the sensibility of mucous membranes is generally blunted by the repeated contact, at certain intervals, of foreign bodies to their surface, is alone sufficient, one would think, to make the practical reader pause over the above statement; and the recollection that in cases of stricture, &c., the operation of passing bougies is less and less complained of, in proportion as the course of treatment progresses, would naturally induce the same reader to inquire why the effect of lithotriptic instruments should form such a curious exception to this apparently general law.

Independently of any *à priori* considerations, however, this assertion will, I am sure, be contradicted by every one who has had an opportunity of witnessing the treatment of a case under careful and skilful hands. Experience has shown that the very reverse is true; and the plans of the lithotrist are accordingly, in a measure, based upon it, as on a general principle, and modified, in many respects, from a consideration of its tendency and effects. The use of bougies, for example, as a preliminary step to the employment of the crushing instrument, is not so much in enlarging the urethra (for it is equally necessary when the canal is of sufficient size), as it is in diminishing its sensibility, for the double purpose of avoiding as much as possible the constitutional disturbance and pain to which subsequent operations may give rise, and of rendering the passage of fragments less painful and

annoying. Enough, however, has been said on this point, which, perhaps, hardly requires more than to be simply stated; let us hasten, therefore, to the second subject, namely, the dangerous consequences which are liable to occur more or less immediately after the operation of lithotripsy.

Without referring to published statements, or entering into the general question it involves, I may state that of the cases which I have already mentioned, one patient, sixty-six years of age, with several stones, and a small, thickened bladder, suffered more or less, after three operations, from headach, thirst, and feverishness of the skin, pain and tenderness about the perineal and hypogastric regions, with an accelerated pulse. These symptoms yielded, however, on each occasion under the use of warm hip-baths and fomentations, together with gentle action on the bowels, and warm emollient enemata. In another case, a healthy young countryman, *ætat.* 25, with a moderate-sized calculus, complained of headach, restlessness, and thirst, with a little pain, and increased desire to make water, on the night following one operation; but in twenty-four hours he was perfectly well again, with no more efficient treatment than Seidlitz water and warm baths. In a third case, a boy of seventeen, who had been freed of a small stone in three sittings, suffered from shivering, followed by symptoms as in the cases related above, for several hours after being sounded with a lithotriptic instrument in an empty bladder. This slight disturbance, however, soon disappeared without any surgical interference, beyond the precautions of baths and enemata always adopted.

In the other cases no more effect was produced on the system than that caused by the passage of an ordinary bougie. In stating this I am far from thinking that a few cases are of themselves sufficient to enable one to form a decided opinion on the average results of lithotripsy; but I submit whether they are not sufficient to show that the author alluded to has somewhat overstated the degree of disturbance necessarily attendant on the operation.

The principal danger of producing this effect on the system is at the first operation apparently, because, first, the patient is alarmed and anxious to a certain extent, and his nervous system is in a state ready to feel strongly any impression made upon it. Secondly, the bladder and urethra are as yet but little accustomed to the contact of instruments. And, thirdly, the surgeon is comparatively unacquainted with the degree of general irritability of his patient. In the first sitting, therefore, the cautious lithotritist watches the effects of his proceeding, and if he finds that the patient suffers more than is usual, he satisfies himself with doing comparatively little, well knowing that after a few days quiet he will be able to renew his

attempts with less pain to the patient, with diminished chances of danger, and with more satisfactory results. This course of proceeding (which applies equally in cases of large and small calculi) is quite at variance with the advice of those who maintain that in all instances where lithotripsy is applied, it should be completed in a single sitting. Which is the more prudent as a general principle of practice, I leave it to the reader to determine.

In concluding these already too lengthy observations, it is but fair to myself to remark, that they are made not with the view of pushing into a discussion, better left to men of longer and more extended experience, but because I believe that the subject of lithotripsy has not been treated, in the pages I refer to, with all the fairness and liberality of spirit that might be wished for. So evident is this deficiency, indeed, that even the general reader could hardly fail to remark it. However numerous the objections against lithotripsy may be, and however limited in the opinion of our author, its application may in consequence become, it has been admitted, with all its faults, to be a "great addition to our surgical therapeia;" and he who makes such a concession might refrain from using such light and disparaging expressions towards his opponents, as those, for example, which close the quotations in *THE LANCET*. Such allusions may afford an agreeable opportunity for the exercise of wit, but under the circumstances they are uncalled for, and might very well be dispensed with. I have the honour to remain, Sir, your most obedient servant,

JOHN P. POTTER, M.B., M.R.C.S.
Paris, June 15, 1842.

SOE NIPPLE.

To the Editor of THE LANCET.

SIR,—Allow me through the medium of your valuable periodical to thank your correspondent, W. F. (*LANCET*, April 30, p. 155), for the communication of an admirable remedy (*viz.*, tincture of catechu) for that very distressing, painful, and oftentimes obstinate complaint, sore nipple. The tincture of catechu is the very best application I ever tried; it has never failed to afford almost immediate relief, and after a few applications to effect a cure.

I recommend my patients to apply the remedy by means of a camel's-hair brush every time directly after the child has been suckling. The nipple should be dried before each application. I am, Sir, your obedient servant,

PYE HENRY CHAVASSE, M.R.C.S.L.
12, Old-square, Birmingham,
June 27, 1842.