CASES OF LITHOTOMY.

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Abernethy says, "The best mode of obtaining and extending medical and surgical knowledge is, in my opinion, to pay that strict attention to diseases, which qualifies us to note even the slightest shades of difference that distinguish them from each other." I have endeavored, so far as practicable, to avail myself of recording cases to this end. From the numerous cases in surgery as well as in medicine, that I have had opportunities of witnessing, I have selected for publication, provided it meet with your approbation, those cases which your readers may probably regard as being sufficiently interesting to command their perusal.

In accordance with the invitation of Dr. **, to accompany him and assist in the operation of lithotomy upon a gentleman living on the eastern side of the city, I attended him, who, with Dr. ****, professor of surgery, and Dr. ———, also Mr. ***, a fellow student, completed the party of operator and his assistants. We arrived at the house where the patient "lived" or sojourned, at about 7 o'clock in the evening. We found him sitting in an "easy" chair, by the fire, waiting for our arrival. He was a gentleman, I should suppose to have been from 50 to 55 years of age, tall in stature and of fair proportions, although not at all "rounded" with flesh. From the glare of light, and no doubt "nervousness" and a peculiar paleness in the expression of his countenance, superinduced by a degree of mental anxiety always attendant upon this
operation, it is impossible to speak exactly, but I should judge him to have been of sero-lymphatic temperament. After a few preliminary remarks, not at all bearing on his case, and he had in a measure become reconciled to our presence, it was proposed to proceed with the operation. His person having been divested of his under garments, he was placed and secured in the desired position for performing the operation. A "sound" was introduced into the bladder by Dr. **, who immediately informed us that he felt the stone. Re-assuring himself on this point, he applied the end of the sound to his ear, and distinctly heard the "clicking" of the steel sound, striking against the calculus. Professor *—* then took the sound, and making a most careful examination, he as distinctly "felt" the presence, and heard the concussion of the instrument upon the stone, as did the gentleman preceding him. The sound was then passed into the hands of Dr. ———, who, after the most deliberate, I may say, elaborate search and auscultation combined, confirmed the two previous examinations. Mr. *** coincided in the result of their deliberations, and J, the youngest in the mysteries of medicine and surgery, was invited to make an examination. I am compelled to be frank in the matter; my tympanum and portio mollis were so obtuse, that I could hear but a gurgling, rumbling sound in the poor patient's agitated bowels. I did not make an examination to feel the stone. Not wishing to appear dull, I looked wise (so far as I was able), and the operation was then proceeded with.

If I may be permitted to digress, this and several other cases have somewhat shaken my credence in the powers of auscultation by practitioners generally. A much-esteemed friend of mine recently died. His disease was a softening of the substance of the brain, extending to suppuration, which his stethoscopic examiners (eminent men) attributed to, and treated for seven years, as a diseased liver! A post-mortem examination demonstrated that this organ, with the abdominal and thoracic viscera, were in a perfect state. The only persons that I have ever met with, possessing "an ear" for auscultation and stethoscopic examinations, are our much-esteemed and distinguished practitioners, Dr. F. U. Johnson and Dr. Swett, of this city. Two years' zealous application to the study of the use of the stethoscope and auscultation, with a good "ear" for music, too, enabled me to distinguish for a "burring" sound in the left lung (the side upon which I had my ear), the rolling of a fire engine down the street.

To proceed with the operation. The sound was withdrawn, and a grooved staff introduced of course into the cavity of the bladder. A semicircular incision was then made by the side of the raphe of the perineum, in accordance with the rules laid down and practised in the lateral operation. The gortex was then pointed towards and directed into the groove of the staff, and was at once carried, in its proper position, into the bladder, making a full-sized and neat incision. A small quantity of urine escaped. A few seconds were allowed to elapse before again proceeding, and a small quantity of well-diluted wine was at his own desire administered to the patient. The gortex was immediately...
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withdrawn, and the staff partially so—forceps were then introduced for the purpose of seizing hold of the calculus. It could not be found with the forceps after the most diligent search and properly-applied manipulations. Professor *—* then tried his skill; and notwithstanding his well-known dexterity in these cases, he met with no better success. Dr. ——— took the instrument, and his talent in this particular was attended with the same result. "It was strange"; "it was very singular"; "could it be incrusted in the villous coat?" and many other corresponding remarks, were made *sotto voce* during the embarrassment of the position. The sound was again put into requisition, but it now refused to strike or touch the stone, and auscultation failed to discover its remotest whereabouts. Disappointed and vexed at not finding the calculus, every expedient at hand was exhibited: the "scoop" swept round the cavity of the bladder, without "fishing" any calculus or fragments; and other means were equally unsuccessful. It was finally assigned, as a cause for the apparent absence of the stone, that it had become incrusted in the villous coat of the bladder, and was thereby tied down to its position, and that where the sound had struck upon the calculus, was a spot not entirely covered, which had now altered its position. Upwards of an hour had elapsed in performing this painful and futile operation. The patient was much exhausted, and wine and other stimulants were administered. What the treatment was during the ensuing three days, I am not aware. When the patient died, with much difficulty permission was obtained to make a *post-mortem* examination, which was done eighteen hours after death. Dr. * * Dr. ——— and myself attended for this purpose. I regret that my notes do not extend into the *detail* of the examination, our anxiety being more intent in ascertaining the reason for the failure. The heart was healthy, if incipient ossification going on in the valves be excepted. The humps were sound in every particular, as also was the liver. The intestines were filled with very fetid *flatus*, but their *tout ensemble* was healthy. The kidneys, their ureters, and the bladder, including the *prostate gland*, with a portion of the urethra, we smuggled away, for a more careful examination at another time—which resulted, with the exception of an induration of the prostate gland, and the usual inflammation superinduced by the operation, in finding the whole apparatus in a perfectly healthy state.

I believe there are authorities for similar cases. Dr. Mott, in his lectures, if my memory serves me right, often mentioned them.

Two cases of lithotomy, performed in the City Hospital by my preceptor, Dr. J. C. Cheesman, I consider, in one case, as being remarkable. The operation in either case was performed with all the well-known skill of this gentleman. The patients were of the same age, about 5 years. The one attenuated, enfeebled, and "worn down" by its sufferings; the other a robust, plethoric child. The first died seven days after the operation. It never roused from its lethargic state from the moment it was placed under the nurse's care. Its heart-rending, agonized exclamation still rings in my ears—"Pray good Mr. Doctor let me go, my heart is breaking." Whilst the other, availing himself of the first oppor-
tunity, slipped out of bed, and was off playing in the Hospital grounds, and never went to bed again but for his natural rest. It was necessary to excise the prepuce in consequence of *phymosis* supervening, much to the mortification of the little fellow, who could not be convinced that the doctor had not made a girl of him. A. C. Castle, M.D.,

New York, Oct. 1, 1848.

Surgeon Dentist.

CASE OF CONCUSSION OF THE BRAIN.

By William D. Barnett, M.D., of Pine Bluff, Arkansas.

On the 1st of August, 1847, while sitting in church, my attention was drawn to a man behind me, who had apparently fainted; his attending physician, who was near, called on me for assistance. At the time I made no inquiry into the history of the case, but set to work endeavoring to relieve him of the present alarming condition.

The patient was nearly pulseless at the wrist, but the carotids were in violent action; his eyes presented a wild and furious appearance; the flexor muscles of the upper and lower extremities were thrown into powerful contraction, and occasionally he would utter a deep and agonizing groan, and grind his teeth powerfully together. A vein in the arm was opened, the blood ran out slowly at first, but gradually increased; with this increased flow of blood (when about a pint had been taken) the pulse rose and gained considerably in volume and strength. The vein was allowed to remain open until sixty-four ounces of blood had run out, when the pulse was reduced, and all the alarming symptoms disappeared. Cold water poured upon the head was used in conjunction with the bleeding.

After relief was obtained, he was conducted home, and I heard no more from him until about the 26th of the same month, when I called to see him.

"On inquiry, it was stated that in May last, while in a fit of intoxication, he had fallen from his horse and received a severe shock, from which he did not recover for several minutes. From this time up to the 6th of July he suffered from intense pain in the head. Anterior to this time, he had no manifestations of any derangement of the brain. He inherits no predisposition to mental derangement. The pain increased up to the 8th of July, when he had a fit similar to the one in which we first found him. He had frequent attacks of this kind, but would partially recover from them and go about his business. During the whole time his countenance wore the expression of some aberration of mind, and any excitement or sudden emotion would throw him into the apoplectic condition alluded to.

His present condition (16th of August) is very different from the one we have described, and is truly a singular one. He is lying upon his back sleeping, and talking continually of things that he has seen within the last three years, his thoughts not running upon anything or circumstance prior to this time. He is now relating, in the most pathetic man-