

## HYPOGASTRIC LITHOTOMY.

## A CLINICAL NOTE.

By SAMPSON GAMGEE, F.R.S.E.,

SURGEON TO THE QUEEN'S HOSPITAL, BIRMINGHAM.

"Of the different ways by which a patient may be freed from stone in the bladder, the hypogastric route is very seldom chosen in this country." This apt introduction to one of the medical annotations in the current LANCET brings to my recollection a visit which I paid to Professor Gunther's clinique at Leipzig some twenty years ago. He had many times successfully removed a calculus from the bladder by supra-pubic section, and he expressed surprise at that method finding so little favour with British surgeons.

An enthusiast for progress, I am free to confess myself averse to innovations and changes for the mere sake of novelty and variety. Lateral lithotomy has been so brilliantly successful in the hands of many of our countrymen, that they need no excuse for fond adherence to that method. By its uniform adoption I have never lost a male subject of vesical calculus; but, nevertheless, I concur in the opinion that supra-pubic lithotomy has advantages in exceptional cases. Such a case occurred in my practice at the Queen's Hospital in 1861.

The patient, Martha H—, was a pale, puny little girl for her age (eight years and nine months). She had long suffered from stone in the bladder. Slight examination sufficed to prove that the calculus was a large one. It always occupied one position, and the sound could not be passed round it. The pelvic outlet was very narrow; this fact, conjoined with the size and fixity of the stone, led me to remove it (Ash Wednesday, 1861) by the supra-pubic method. On opening the tiny thickened bladder, it was nearly filled with the calculus, which could not be removed without peeling off from its posterior surface the adherent vesical mucous membrane. The stone weighed 305 grains, and measured in length  $1\frac{1}{2}$  in., in breadth  $1\frac{1}{8}$  in., and in its antero-posterior axis  $\frac{3}{4}$  in. I closed the wounds in the bladder and abdominal wall by separate metallic sutures; the external ones were cut short, and not removed until the eighth day; but the ends of the two sutures in the vesical wall were left long, lightly twisted, and brought through the outer wound, so that they could be easily untwisted and slipped through on the fourth day. For a week, a catheter was kept in the bladder, and provision made for the escape of urine to an external vessel through an elastic tube. The wounds healed directly; there was no constitutional disturbance, and the patient left the hospital on the fourteenth day. I saw her seven years afterwards (March 11th, 1868), when she told me that she had passed several small stones naturally since the operation.

Birmingham.

## TWO FATAL CASES CAUSED BY THE No. 5 SNIDER BULLET, AND ITS EFFECTS ON THE HUMAN SUBJECT.

By WILLIAM COLLIS,

SURGEON-MAJOR, "THE BUFFS."

CORPORAL B— was shot on October 29th through the left arm at its upper third; the humerus was smashed into numerous small pieces. The entrance wound was of the same circumference as the bullet, but as it penetrated it became larger, and on impinging on the skin of the chest between the fifth and sixth rib, it again became more expanded, turning itself inside out, and rolling the base forwards and outwards, fracturing the ribs in several places. Here the bullet evidently went into pieces, the smaller ones going in various directions, tearing in their course the lungs and costal pleuræ; the larger part of the bullet passing through the left ventricle of the heart, causing an extensive and lacerated wound, then on through the lower lobe of right lung, inflicting the same wound, but of a much larger

description, and eventually lodging between the sixth and seventh ribs, at right side, fracturing the latter in two places. Now, looking at the effect of the bullet in this case, it will be distinctly seen that from the time it penetrated the arm it began to expand, and still more so as it went on its course. Meeting with the ribs it then went to pieces, the smaller ones flying in all directions, and the larger, consisting of the base and a part of the side of the bullet, eventually smashing the seventh rib at right side. This is demonstrated without doubt by the wound; for the wound at the exit at the inner side of the arm was larger than the entrance at outer side. The wound of chest was larger than that of inner side of arm, that of heart larger than chest, and that of right lung larger than that of heart. Here it would seem that the force of the bullet had become considerably expended, it just having sufficient power to fracture the rib and lodge there. If a line is drawn of the course of the bullet it will be found to be cone-shaped. This wound was in many respects similar to that produced by an Express rifle bullet—in fact, a shell.



This is happily the first wound I have seen made with the Snider bullet on the human subject; but, having shot deer and other animals with it, I can state that in all cases the lesions produced were most destructive, the bullet acting like a shell, and in the greater number of cases remaining in the animal. I have often remarked the difference in hitting a black buck in the intestines with a solid bullet, compared with the effect produced by a Snider: the animal hit with the former will almost always get away, whilst with the latter he walks a few yards and dies. No. 8 Snider bullet is more destructive than No. 5: this is, I suppose, in consequence of almost half the upper part of the bullet being filled with air, and acting as an explosive on the bullet striking the object. No. 8 contains no top plug of boxwood, but the lead is swedged over the top of the bullet, the hole going nearly half an inch towards its base. To all appearance the bullet is a solid one. The base contains a clay plug, the same as No. 5. Weight, 480 grains; charge of powder,  $2\frac{1}{2}$  drachms.

The wound of Private B— was as follows: the whole of the right side of the face, the base of the brain, and the occipital, frontal, and parietal bones smashed to bits. In this case of suicide the wound was inflicted by the man placing the muzzle of his rifle in the right side of the mouth, so that the concussion on the explosion of the powder produced this wound to a great extent; but I do not think that the lesions would have been so extensive if a solid bullet had been used instead of a Snider one.

Seetapore, Oudh.

## A Mirror

OF

## HOSPITAL PRACTICE,

BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

## GUY'S HOSPITAL.

REMARKS ON THE TUBERCULOUS AND STRUMOUS DIATHESES.

(By Dr. WILKS.)

IN commenting on a case of well-marked tuberculosis, Dr. Wilks recently made some important remarks on the subject of the tubercular and strumous diatheses. It will be seen that he completely avoided all reference to the vexed question of the nature and varieties of phthisis, but confined himself solely to the consideration of the prevention and the treatment of the disease. He said that two different outward conditions have been included under the term "strumous," so that a person unacquainted with the fact would naturally be at a loss to understand how the small, ill-developed child, with pot-belly, crooked legs, inflamed eyes, enlarged lymphatic glands, and decayed teeth, should ever be developed into a tall, well-formed, and finely-