Original Communications.

CYSTOTOMY WITHOUT A STONE.

By T. PAGET, Esq., Leicester.

INSTANCES are not entirely wanting, nor, indeed, extremely rare, in which the bladder has been opened for a stone where none existed; but I am not aware of any narrative given of such a case by the operator, with the symptoms simulating stone, and leading him to take the false step; the *post mortem* appearances, and the explanation they afford.

Having, then, recently placed myself in the situation of such operator, I deem it right to supply the desideratum, however little satisfactory the explanation as a practical guide.

The case was received at the Leicester Infirmary by Mr. Marriott, the house-surgeon, and entered as, "September 24, James Branson, aged three years eight months; symptoms of stone. Examined twice by Mr. Marriott, and stone found the second time." Not, however, as he told me when reporting the case, with sufficient distinctness to settle his mind for an operation.

The history given by the father and the woman who had had care of the child since its mother's death, two years ago, was that it had violent pain in micturition, losing much rest by frequent calls, attended by sudden stoppages of the stream and the making of a larger quantity immediately after, violent squealing, pulling of the parts, and forcing of fæces. Around the anus were several livid lumps of hemorrhoids. There had been no hæmaturia. It was reported that no urine ever passed except while in a sitting posture. The child was healthy looking.

Sept. 26. The child having been prepared for the operation by having had the bowels emptied yesterday and an opiate enema this morning, the sound was introduced, and an indication of stone immediately given; but the click, though audible, was not sufficiently clear to encourage an incision.

After repeated attempts, the sound was producible at will; but did not impress all equally as being the click of an uncovered stone. Mr. Benfield and Mr. Marriott thought it certainly not sufficiently clear; Mr. Brown of Wymeswold was more satisfied; none of us, I believe, were free from doubt.

In this dilemma, I was influenced by the character and intensity of the symptoms, the hopefulness of permanent good if there were a stone, the rare occurrence of death with us after lithotomy, especially in children, and with Allarton's operation; and, after much hesitation, I decided upon opening the bladder at the risk, as I thought, of finding a stone impacted in the end of the ureter, and not being able to remove it.

I chose Allarton's operation, introducing a director along the groove of the staff, and using my little finger between the two as a dilator. In this way, the dilatation was readily effected; the finger entered the bladder, and the staff was removed. A nasal forceps was then passed over the director, but no stone could be found. Frequent attempts with various forceps were made; and once, when passing a large pair in the hope of stretching open the ureter and dislodging a calculus from its end, I found that the lax cellular membrane between the rectum and bladder had given way, and the forceps were admitted into the recto-vesical pouch. This, however, was soon perceived, and the forceps were passed into the bladder.

The movements of the forceps imparted a feeling of slight grating, or rather vibration; but no click could be

heard, and the grating was only that often produced by steel instruments rubbing over cut muscular fibres.

The examination and operation occupied a long time; but the least possible effect of chloroform was maintained, sufficient to keep down manifestation of pain. Very little blood was lost.

6 P.M. He had slept nearly continuously, but had spoken rationally. Urine passed by the wound freely, and only slightly tinged.

10 P.M. The urine was untinged. He had vomited once or twice.

Sept 27. 9 A.M. He was perfectly conscious, and winced at pressure on the hypogastrium. Pulse rapid and small.

11 A.M. There was still considerable stupor, and he had again vomited. He winced still. Pulse rapid; skin hot; urine abundant and untinged. Foveatur abdomen.

7 P.M. He was suddenly convulsed, both arms especially; the thumbs were turned into the palms; the fingers tightly clenched; the pupils dilated to the utmost, and unmoved by the strongest light. Three grains of calomel were ordered to be taken immediately, and four leeches to be applied to the hypogastric region.

Sept. 28. 9 A.M. He became partially conscious between 3 and 6 A.M.; but soon relapsed, and was now profoundly comatose; pupils dilated. He indicated pain when pressed on the hypogastrium; otherwise he was unconscious.

POST MORTEM EXAMINATION, next day at 10 A.M. The kidneys, ureters, bladder, and urethra, as far as occupied by the incision, after full examination *in situ*, were removed. There was no stone or calcareous matter in any part. Both ureters were tortuous in their course, and greatly dilated, so that the little finger passed down them with ease; the dilatation was most at their lower ends, the left forming a complete pouch nearly as large as a pigeon's egg. Beneath and around this a puriform fluid appeared, and extended downwards into the recto-vesical pouch, into which the finger readily passed from the wound. The mucous membrane of the bladder was injected posteriorly, and ecchymosis occupied small patches here and there. The sphincter was not lacerated; the urethra, where incised, showed slight ecchymosis; the edges of the incision were turgid and lymphic; the *trigone* of the bladder was of an ashy grey. There was a blush of peritonitis in the pelvic cavity. After removing the bladder, etc., the sound was passed with the integuments of the abdomen closed, and the muffled click was heard again, though less distinctly. On opening the pelvis again, this was found to arise from the point of the sound impinging upon the iliac portion of the brim of the pelvis, the edge of which was unusually thin and sharp. Perhaps, here is an explanation of the click and feeling imparted to the instrument before operation. The instrument used in this case was a common steel sound, having at the hand end a socket, into which is tightly fixed a peg and a disc of wood; the latter six inches in diameter and one-tenth of an inch in thickness. The disc acts as a magnifier to all sounds heard, and is an useful addition to the instrument where it is desirable that a number of surgeons shall be satisfied of the presence of a stone.

On opening the head, the brain was found in a remarkably soft state. Both cerebral hemispheres and the cerebellum were so extensively if not uniformly marked by this softness, as to lead to the conclusion that such was the native condition of the child's encephalon; and we learn from the father, since its death, that he has lost his wife and five children; one of the latter "with water on the brain," another "by sudden convulsions which took him off in five minutes while suffering from swelled purse." Though the consideration of this case, therefore, would *primâ facie* drive one to the determination not to operate in any case unless the clearest and sharpest click were given from the examining instrument, it is nearly certain that the opening of the bladder is

not to be accredited as the main cause of death in this case; for the peritonitis was neither intense nor widely spread, nor, during life, more marked than I have seen it in cases that have been freed from it and going on well in a few days; and that in whatever degree the peritonitis may be thought to have been tributary, the main cause lay in the excitability of a sensorium imperfectly constituted, and unable to bear the shock of the lengthened examination, operation, and chloroform action. I regret, however, now that, in ignorance of the peculiarity of the family history, I did not avail myself of a suggestion made by Mr. Benfield to postpone the operation for a few days.

But if the explanation I have suggested of the sound which was heard by all, though not conclusively for operation, were the right one, the symptoms still remain as a mystery. We occasionally find cases of great pain and frequent micturition of small quantities, and which are attributable to irritable bladder or acrid urine; but these symptoms are usually accompanied by mucous or mucopurulent deposit, which we had not; and never, as far as I know, by sudden stoppage of the stream followed by the passing of a larger quantity immediately after. How far we may accept the explanation ingeniously offered by Mr. Charles W. Wood of Woodhouse Eaves in this county, at the *post mortem* examination, I leave others to decide. He takes the very dilated state and pouchy form of the ureters as the cause of their more than usually oblique and valvular entrance into the bladder, and of a difficult, intermitting, and painful evacuation of their contents into it, the pain being transferred along the canal to the usual site at the glans penis. Certainly, the immense size and irregular form of these conduits were very striking.

CANCER OF THE FEMALE BREAST, WITH ULCERATION.

OPERATION: LONG IMMUNITY FROM RECURRENCE
OF THE DISEASE.

By H. HAYNES WALTON, F.R.C.S., Surgeon to St. Mary's Hospital, and to the Central London Ophthalmic Hospital.

[Read before the Medical Society of London.]

THE surgical features in this instance of cancer bear so particularly on the question of operating in a late stage of the affection, that I have determined to give publicity to them, accompanied by an expression of the motives that induced me to act. From them is to be gathered a fact of significance, which may be gladly known, by some, at least, of those who may happen to glance over the report.

In May 1857, Mr. Harding of Percy Street called me to consult on a lady, 64 years old, who had borne several children, with an ulcerated breast. The ulcer was as large as a shilling. The brief history is, that she discovered a lump in the breast in consequence of pain; but although the painful symptoms increased, she did not apply to Mr. Harding till December 1856. Now, however, she was in great suffering, could not sleep but at very short intervals, and scarcely got relief from any treatment. Ulceration quickly ensued.

Of the malignancy of the disease there could be no doubt; that we were looking on hard cancer, was equally certain; and withal, I determined to operate.

A proper explanation of the circumstances that influenced my decision* is all important, because it is one of the standing rules respecting the surgical treatment of cancer, and one, perhaps, on which more stress is usually laid than any other in discussing the propriety of an operation, to abandon all idea of excision when the skin is once broken. I have seen this state alone no few times in private consultations, and still more often

in public, made the cause for the immediate and emphatic abandonment of any operative proceeding. Usually, the opinion is as quickly expressed, as it is decisive.

These were my pleas for operating. There was the paramount indication to check that degree of anguish which supervenes only when the skin is involved, and which often induced an expression of a desire for death. There was an absence of all coincident unfavourable states. As regards the cancer itself, it was evidently in the gland-tissue, which seemed but partially involved, not wholly infiltrated, and inadherent to the wall of the chest. The skin around the ulceration was healthy. The ulceration was limited, and not rapidly extending.

Respecting the constitutional implication, there really was none; no cachexy; no well marked debility; no lymphatic gland implication; no evidence of chest, or of abdominal disease. For all that I could see or discover, there was nothing beyond the local affection.

It would appear to me, that there can be no more sufficient reason against my practice in such a case than if there had been no ulceration. Although, when cancer ulcerates, its destructive effect on life would seem then to be nearer, relief from pain is substantial, and not the less important to the individual; and an operation done for that purpose has the strong recommendations of being definite and appropriate. The presence of any one of the symptoms to which I have alluded as being absent, might, of course, in itself, have been objectionable to interference by practical surgery.

I removed the whole of the mamma. But this expression may convey more than I intend, except I add that, in all cases of cancer connected with the breast, whether as a palpable infiltration, or apparently more or less isolated about the border, I hold it wise to extirpate the entire gland.

The great justification of my proceeding, the unquestionable propriety of it, is to be found unerringly in the result.

My patient derived comfort from the day of the operation, and she was soon about. In a few weeks she called on me at my house. She was quickly restored to health, and her wonted high animal spirits returned; she fully enjoyed all the pleasures of life, and possessed a degree of bodily vigour that is usually not met with at her age; was equal to an amount of activity and exercise that few women ten years younger can accomplish. I saw her a few times full of hope, until the 14th of October of this year, when she called to show me a lump in the axilla, and to narrate her sufferings. Secondary deposit of cancer had set in. Darting pains in the tumour and along the arm, increasing in severity, induced her to seek any treatment likely to relieve her. As she was to all appearance in better health than when I first saw her, I proposed to remove the cancerous mass, and fully explained, however, that any benefit must only be regarded as very temporary, and otherwise spoke plainly of the nature of her condition. She consented. With the assistance of Mr. Harding and Mr. Hulme, I operated. The diseased mass was very deep; and careful dissection was needed to remove the whole in one piece. I effected my object by picking, scratching, and tearing through the surrounding tissue, rather than by cutting; and so well was I able to do this, that only one ligature was required, and that was for a small tegumentary artery. No venous hemorrhage supervened. The wound, however, was not brought together for four hours. The tumour was of about the size of a large hen's egg. It was made up of several glands, more or less infiltrated with cancer. Primary adhesion followed; and in ten days, the lady was again out of her room, without pain or discomfort.

If I am acquainted with the final issue of this very interesting triumph of our surgical art—for surely this is not too strong an expression, when life has been so long