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## CLINICAL LECTURES,

IN COURSE OF DELIVERY DURING THE PRESENT SESSION  
AT GUY'S HOSPITAL,

BY BRANSBY B. COOPER, ESQ. F.R.S.  
(Published with Permission of the Lecturer.)

MONDAY, MARCH 1, 1841.

### LECT. XI.—On the difficulties and dangers of the Operation of Lithotomy.

GENTLEMEN,—The last clinical lecture I gave you was on stone in the bladder, and the lateral operation for its removal, consisting principally of a description or demonstration of the different steps of that operation, and what I believed to be the best mode of completing them. To-day I wish to direct your attention more particularly to the various circumstances you may meet with likely to embarrass you in operating, or prevent your ultimate success in the perfect recovery of the patient. I wish also to speak of some circumstances which would prevent your undertaking the operation at all, or induce you to attempt its removal by other means.

Now in the first place, with regard to solvents of the stone, or lithontriptics, which I omitted to notice at our last meeting, a great variety have been recommended, tried, and failed to effect their object. Various medicines, mostly chemical reagents, acids, or alkalies, have been given internally; and others have been injected into the bladder, either mucilaginous, acid, or alkaline solutions, adapted according to the chemical constitution of the urine; but as yet the result of these experiments has only served to prove that we know of no means of dissolving a urinary calculus while it remains in the bladder. Some of these remedies, however, though not lithontriptics, are very valuable in prilliating the distressing symptoms arising from the irritation of the stone. I remember that the late Sir Astley Cooper was consulted by an Admiral, who had charge of the port of Yarmouth, and who suffered from stone so much as to be quite incapacitated from fulfilling his duties. Sir Astley put him on the strictest diet, attended scrupulously to the state of the digestive organs, and gave him continued doses of soda and magnesia, with such effect, that when, some time afterwards, a noble duke was about to be lithotomized by Sir Everard Home, the admiral said to him, 'Oh, why don't you consult Cooper? he has dissolved a stone for me.' So Sir Astley was called in, and Sir Everard Home asked what the admiral had taken. Sir Astley replied, that his means had been merely palliative, and he believed the stone was there still; and this proved to be the case, for after death a stone was found in the bladder. This is somewhat similar to an extra-

ordinary leaf in the chapter of accidents which occurred in the last century. A Mrs. Stone professed to have discovered an infallible lithontriptic, and a medical commission was appointed by a committee of the House of Commons to determine its value. Two cases, in which a stone was proved to be in the bladder by sounding, were submitted to the action of this woman's medicine, and after a time the stones could not be discovered, and the inventor was rewarded by a government grant of ten thousand pounds. After the death of these patients, however, an examination was made, when it appeared that the stone in each instance was still in the bladder, but had become sacculated in such a manner that its presence could not be appreciated by sounding. These facts, then, while they show that we at present know of no means of dissolving vesical calculi, also point out how much may be done by palliative treatment. The stone may not be removed, but the irritability of the mucous membrane of the bladder, and the acidity of the urine, may be greatly diminished by sedatives and chemical remedies. You will give acids or alkalies, according to the state of the urine; small doses of opium occasionally; attend strictly to the state of the digestive organs, and see that every function is carried on in as healthy a manner as possible.

This, then, is the palliative treatment; the radical cure is, removal by the urethra, either with the urethro-vesical forceps, or after the stone has been broken up by crushing instruments, or the different operations of lithotomy. The lateral operation is the only one with which we are concerned at present; and as we are speaking of its difficulties, I shall first refer to the fallacies to be met with in sounding, and some of the circumstances which may give rise to difficulty in finding the stone.

Now in some cases you may fancy you feel a stone in the bladder, when there is none; and when I tell you that Cheselden, who has left a reputation as a lithotomist which will never be eclipsed, actually operated on three patients, none of whom had a stone in the bladder at the time of operation; that Dessault has committed the same error; and that there are to my knowledge surgeons now living in this town who have cut into the bladder without finding a stone; you will see at once that this danger is far from being an imaginary one. You may ask, what could they have mistaken for the stone in sounding? and in answer to that question, I point to the preparations on the table before me. Here is one of a bladder, the coats of which are thickened, indurated, and studded with deposits of calcareous matter; and here is another dried preparation of the same kind, either of which, as you may readily conceive, would give a peculiar roughness to the mucous membrane, liable to be confounded with a detached calculus. As to