

Original Communications.

OBSERVATIONS ON LITHOTRITY AND LITHOTOMY.

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Within the past few years, vesical calculi have, I believe, become somewhat frequent in our midst; and operative procedures for their removal are not of unusual occurrence. The frequency with which art is now sought should tend rather to increase than to diminish interest in the subject; to aid us in ascertaining the causes of its greater frequency, now that hygienic laws are more generally understood; and to direct attention to the best means of ridding the subjects of vesical calculi of a troublesome and dangerous malady. The first part of the subject would alone take up more time than is at your disposal: suffice it to say, urinary calculi originate in the "precipitation of urinary constituents, in consequence of a loss of solvent capacity in the waters of the urine; either (1) by an excess of any substance for the water to dissolve; or (2) by a deficiency of water for solution of the substance; or (3) by "the presence or absence of some third substance;" and, lastly, the deposit may aggregate from a focus of its own substance or may "gather around a foreign body as a distinct nucleus." Do these conditions obtain here more frequently than in other parts of the Dominion? I know not; but certain it is, cases of vesical calculi are far more common in this part of the Dominion than in either Nova Scotia or New Brunswick, on the one side, (where the disease is almost unknown;) or than, so far as I can learn, in the Western portion of the country; and are more common in this city than in other cities of even this portion of the Dominion; and in certain portions of this city more than in others. While the Western portion of Montreal enjoys comparative immunity from the disease, St. Mary's, St. James's and the eastern portions of St. Lawrence wards and their out-juttings St. Jean Baptiste Village and Petite Côte, have furnished by far the greater number of cases of the disease to the hospitals. Nor is the disease met with in equal ratio amongst the British and French. I have no published statistics to aid me; but my own experience, and the *parole* evidence of others, would lead me to believe that while the French Canadians are more subject to certain maladies, and the British Canadians to others, among the former have been met by far the greater number of cases of Urinary calculi. Dr. Robert Nelson, during

his residence in Montreal, operated some sixty-five times—the greater number being on French Canadians. Dr. Beaubien has had fifteen cases—all amongst French Canadians. Dr. Campbell has operated twenty times, and 15 per cent were French Canadians. Dr. Munro has operated between forty-five and fifty times, and he tells me his memory cannot recall, among that number, one who was not a French Canadian. Dr. Fenwick, who has lithotomized during the past few years in sixteen cases, and with a success that is exceedingly satisfactory, had seven among the British, and nine among the French, and all of them, save one, being natives of Canada. Of those lithotritized and lithotomized by myself, twenty-five per cent, in round numbers, were among the British, and seventy-five per cent, among the French. Thus Dr. Campbell's figures, showing a much larger percentage of British cases, may be fairly balanced by those furnished by Dr. Fenwick and myself combined; while those of Drs. Nelson, Beaubien and Munro, are without a corresponding counterpoise of cases among the British. I had not the leisure afforded me of continuing this enquiry amongst those who have performed their one or two operations each. Whatever may be the influences which combine to render Urinary calculi of greater frequency amongst the residents of this Province, than of the other,—and in this Province among our fellow citizens of French origin, I cannot even conjecture. Differences in the soil, water &c., and in other climatal conditions might be invoked in explanation of the former; but the latter must be left to speculation. So much, gentlemen, for the formation of stone, and its frequency; and now for its removal. And here I confess to some diffidence in hazarding an opinion where it might seem fitter for me to ask it. Yet an opinion must be formed, and operations must be resorted to, and it is oftentimes difficult for a surgeon, not wedded to either, to say which operation—Lithotomy or Lithotrity—is best suited to the case. I had performed Lithotomy five times, and each time with success, ere I performed my first operation of Lithotrity; but since then I have performed Lithotomy but three times, choosing, rather, the Lithotrite in every case where its employment was not clearly contra-indicated. The experience I have thus gained, limited, it is true, is this: that in the adult, hardness, and hardness alone, should offer an obstacle to the use of the Lithotrite; and that neither the size nor the number of the stones, nor even the condition of the urinary organs, should be permitted to be obstacles to the performance of Lithotrity, should that operation be preferred to its