

Original Communications.

CASE OF CALCULUS IN THE URETHRA FOR A LONG PERIOD: WITH REMARKS.

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[Read before the Pathological Society.]

A GENTLEMAN of extensive literary fame had for some years a variety of maladies of the gouty order, among which were irritation of the bladder, and two regular attacks of inflammation of that organ; but withal he was a remarkable specimen of a hale, stout old man. In August 1856, being then seventy-seven years of age, in consequence of much urethral pain and some difficulty in passing urine, he pointed out with great reluctance a hard swelling in the course of the urethra, behind the scrotum, to his usual physician, who called me to consult on the case. Behind the scrotum, and encroaching on it, was a round symmetrical tumour, intensely hard, inelastic, not painful under touch, and over which the skin was healthy.

According to the patient's account, he discovered some tumefaction after an attack of gonorrhœa, when a young man; and the growth of the tumour had been very gradual. Until the present occasion, he could not say that it had ever troubled him. He would allow no examination to be made, except with the finger, as for many years he had resolved never to allow the urethra to be explored. I could come to no conclusion whatever, and could not even venture to guess at the nature of the affection.

For the next twelve months or more, this gentleman was always complaining of urethral pain after passing urine; but, as his general health did not give way, nor his appetite fail, nor his power of taking exercise diminish, it was, in consequence of accompanying symptoms, attributed to senile and incurable catarrh of the bladder, with occasional exacerbations from gouty inflammation.

Dr. Druitt was sent for on June 13th, 1858, after an unusually long absence. The patient was feverish, and slightly delirious at night. There were frequent painful micturitions, with scantiness of urine—symptoms which always accompanied a gouty attack. The next day, he was no better; and, as the scrotum had commenced to swell, and was red, I was again summoned in consultation.

I suspected the occurrence of extravasated urine. I was not allowed by my patient to attempt to pass a catheter, nor to examine the bladder by the rectum. At my visit on the following day, I found my suspicions respecting the extravasation realised. The scrotum and the penis were immensely swollen and discoloured, and the prepuce on the verge of sloughing. The bladder was very much distended. The delirious and irrational condition afforded an opportunity for acting; and I commenced by puncturing the bladder through the rectum, and withdrew a very large amount of fœtid urine. I next proceeded to explore the urethra; but I could not find the meatus till I divided the black, blistered, and infiltrated integument. A catheter was readily passed to the urethral swelling, where it came into contact with a calculus. I now quickly cut into the perineum, and removed the stone; not with ease, however, for it adhered much to the sac around it, which seemed to be merely dilatation of the urethra.

There was loss of the delirium, and so much improvement for a day that it seemed probable recovery would ensue; but, in the next twenty-four hours, prostration set in, and was quickly followed by death.

No *post mortem* examination was allowed.

The calculus had remained unnoticed, among others that I have removed by lithotomy, till a few days ago when I was making a minute inspection of these specimens. There is an absence of any apparent nucleus; and the whole seems as if made up of several masses of phosphate of lime and triple phosphate pressed together, with intervals, or markings, irregularly dispersed, and evidently composed of organic deposit, thicker in some parts; and withal displaying faint indications of concentric layers, especially at one end. But the most remarkable objects are two minute prostatic calculi, which happen to have been cut across, lying together near the circumference of the stone, at the side, but just within it. They form a pretty microscopic object.

The long diameter of the stone is an inch and three-quarters, the short an inch and a quarter.

I have brought the case forward on account of its rarity, and the obscurity that surrounds the pathology. I have never met one like it, nor read of one. Although I have made no extensive search among surgical records for any such, I have certainly looked into all the surgical works to which I had easy access; and the only case bearing any resemblance is mentioned by Mr. Erichsen as having come under the notice of Sir R. Carswell, in whose collection at University College Museum is a drawing of the parts with stone which was in the fore part of the urethra, and equal in bulk to two horse-chestnuts. No more is said of it.

I exclude from these remarks, prostatic calculi.

Large calculi have been found in the urethra coincidentally with one or more in the bladder. I assisted Mr. Lawrence, in private, to remove by perineal incision what was supposed to be a stone embedded in the membranous part of the urethra, of several years standing. It was necessary to cut into the prostate. It proved very large. Mr. Lawrence put his finger into the bladder, detected a stone there, and removed it also. Mr. Fergusson exhibited during the past year, at the Pathological Society, one very large calculus taken from the bulb of the urethra, and one from the membranous portion, and a small one from the bladder, of the same patient.

During my house-surgeoncy at St. Bartholomew's Hospital, a patient was admitted by me having a collection of minute calculi in a large sac, apparently at the bulb of the urethra. They were tightly packed, and, when handled, felt like emery in a bag, and emitted a creaking sound. No operation was performed.

In the Museum of St. Bartholomew's Hospital is a part of one hundred and forty-six calculi removed from a sac connected with the middle of the spongy portion of the urethra. It was not certain whether the sac was formed by the urethra dilated behind a stricture which existed immediately in front of it, or was formed after ulceration of the urethra, in the tissues around it.

It cannot be determined how the stone was formed in the present case. It is not impossible, I think, that with stricture of the urethra a calculus may be deposited, as it would be in the bladder. At first I suspected it probable that the prostatic calculi had acted as nuclei in the urethra for this mortar-like calculus; but, from their position, and the existence of concentric lines within them, I think that such a theory is untenable.

PLEUROPNEUMONIA. The last mail from Sydney states that this disease has extended to a terrible extent, and it is estimated that at least 40,000 head of cattle will have to be destroyed ere the disease is exterminated. The attention of Parliament has been drawn to the matter, and vigorous action has been determined upon; but the knotty question as to how funds are to be provided to compensate the owners of the cattle destroyed remains unsettled.