

and even to facilitate diagnosis. To very much of this no sound objection can be made. The objection is in the careless, the hasty, the inconsiderate, or the self-interested application." Let us beware, therefore, lest our judgment is warped by our enthusiasm. We hold in our hands an enormous potentiality for good or for evil; let us take care that we use it aright and strive to earn the epitaph of Guy de Chauliac:

Bold when sure,  
Cautious in danger,  
Kind to the sick,  
Friendly with fellow-workers,  
Not greedy of gain.

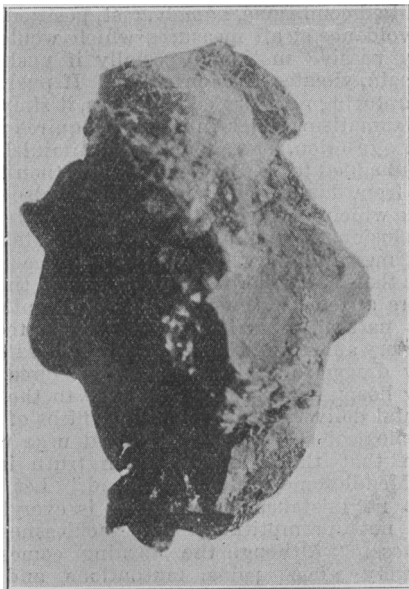
### A CASE OF SUPRAPUBIC LITHOTOMY WITH ENUCLEATION OF THE PROSTATE IN AN AGED PATIENT: RECOVERY.

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On May 26th, 1904, I was asked to see a patient in his 90th year, suffering from stone in the bladder with an enlarged prostate. He was a well-preserved man, who had led a very regular and careful life and had been getting about until a week previously.

At times he suffered from a good deal of pain in the bladder and penis, sometimes passing a little blood in the



urine. The urine contained pus, was alkaline and very foul. He had had three or four rigors during the few days previous. On examining with the hand above the pubis, a large stone could easily be felt, and rectal examination revealed an enlarged prostate filling up the greater part of a rather small true pelvis.

After talking the case over with his medical man, we told him he could not go on much longer, and that at his advanced age an operation would be a very serious matter; he might possibly have a 5 per cent. chance. After hearing our decision, he said at his age he could hardly expect to have his life much prolonged and thought he would not have an operation. I had to wait some time to catch my train, and just before starting he asked to see me again; he then said, "I have been thinking the matter over and have decided, if you will do the operation, to have the 5 per cent. chance."

I went over the next day and performed the operation. Chloroform was administered. I opened the bladder, without injecting anything to distend it. After securing the cut edges of the bladder to the abdominal wall by means of two catgut sutures, I removed the stone and got the bladder quite dry by gauze packing. I then enucleated the prostate in one mass, and with it a portion of the urethra. The cavity from which the prostate was removed and the bladder were packed with long strips of

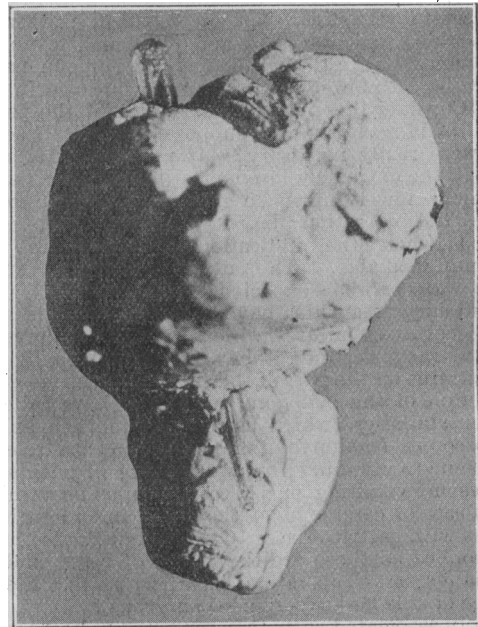
gauze; by this means all bleeding was easily arrested, and the urine drained readily through the gauze without any collecting in the bladder. The whole operation was performed in less than thirty minutes, and the patient stood it well.

The calculus weighed 2½ oz., and was composed almost entirely of uric acid. The prostate weighed 3 oz. 1½ dr.

The packing was removed on May 30th and a large drainage tube inserted; this was removed at the end of a week. All stitches were removed on June 10th.

A catheter was passed on July 1st. After this some urine passed the natural way. The catheter was again passed on July 17th and July 21st, and on the latter two occasions there was afterwards some rise of temperature with slight rigors; otherwise the temperature throughout was subnormal. The patient got up at the end of a fortnight, and went away to the seaside on August 27th.

The suprapubic wound was very slow in healing, and was firmly united on October 29th. After that date all the urine passed the natural way, and he had a very comfortable life, getting out every day, and walking sometimes as far as two or three miles. He took a keen interest in everything. His chief amusement was translating some of the classics—Italian, Greek, and Latin. Twelve months after the operation he had translated into verse the *Inferno* of Dante, Cantos 1 to 9; this was printed for private circulation. He died on June 4th, 1906, of uraemic coma. I received the following letter from his son on June 8th, 1906:



Until three or four weeks ago my father was in his usual health, walking and sitting out of doors daily, and following his favourite occupation of translating from the classics. About that time he became unwell, and there was, we think, some sense of falling powers. He said very little about it, but was much depressed. He lived, however, much his usual life, and they carried out their plan of going down to Saltburn, thinking the sea air would do him good. On Sunday night, June 3rd, he had a shivering fit, became comatose, and died twenty-four hours later.

The great age of the patient who successfully recovered from such a severe operation has determined me to place on record the notes of his case. The great majority of surgeons attached to large hospitals must have had successful operations of this kind in very old men, but, as far as I have been able to find out, no case of a similar operation at such an advanced age has been recorded. To me it is an extraordinary fact that these patients make such wonderful recoveries.

The frequent association of stone in these cases is noteworthy. About the same time this patient was operated on I operated on three others—ages 77, 79, and 80 years—removing calculi and enucleating the prostates. All made good recoveries, and are now practically free from any urinary trouble. One patient, aged 77 years, a clergyman, had, prior to the operation, used a catheter regularly for seventeen years.