

CASE OF LITHECTASY.

Mr. Fergusson has recently published the details of a case of vesical calculus, in which he performed the operation of lithectomy. The patient was aged sixty-four, and for twelve years had labored under symptoms of disease of the urinary organs, and had once passed by the urethra a calculus of about the size of a bean. He was sounded by Mr. F. who detected the presence of a stone, somewhat larger than a walnut, together with smaller portions, supposed to consist of fragments. The operation is thus described: An enema had been administered at eleven o'clock, and at half past one the patient was bound up in the usual manner as for lithotomy, an ordinary sized staff, with the groove on the convexity, having previously been introduced into the bladder. The staff and scrotum being held as for the ordinary operation, an incision was made along the raphé about an inch and a half in length, terminating about half an inch in front of the anus, from which point two incisions, each about three-fourths of an inch in length, were carried downwards and outwards. The superficial cellular tissue being divided to a similar extent, the point of the knife (a common lithotomy bistoury) was thrust into the groove of the staff, a little in front of the triangular ligament. The edge of the blade was so applied as to divide the triangular ligament to a slight extent first downwards and outwards on one side, and then in a similar way on the other; the groove of the staff being then distinctly felt by the fore finger of the left hand, the metal point of an Arnott's dilator was placed within it, and slid cautiously into the bladder. The staff was next withdrawn, and the bag of the dilator was partially distended with a solution of gum arabic, the distension having been continued until the patient complained of pain. He was then unbound and carried to bed. He seemed to suffer little during the operation, and when removed from the table his pulse was firm and countenance cheerful. Very little blood was lost from the wound.

Three o'clock, p.m. Feels a little pain in the perineum from the action of the dilator, into which additional quantities of fluid have been thrown at brief intervals. Had a desire to void his urine, which has just been drawn off by slipping a female catheter along the upper surface of the dilator, and now feels relieved; fluid quite clear.

Four, p.m. Five ounces of urine have just been drawn off by the catheter, some of the fluid from the dilator having been allowed to escape before slipping the instrument along; dilator again distended, and patient making no further complaint; a slight oozing of blood from the wound.

Five, p.m. Has had slight shiverings within the last half hour. The dilator, being now fully distended, has been withdrawn, and one of larger dimensions substituted; this instrument is provided with a tube in the centre, which permits the urine to flow freely from the bladder.

Seven, p.m. Complains of slight pain above the pubes, and also in the perineum in the course of the dilator. No more shivering; pulse 96, full, and strong; has taken a little tea, and had about an hour's sleep; blood still oozing from the perineum.

Ten, p.m. Has less pain; feels much more com-

fortable; has slept again, and feels refreshed; pulse 92; skin cool; tongue moist, and little thirst. About an hour ago had great desire to make water, accompanied by some straining. The dilator withdrawn, and a larger one introduced, the house-surgeon being instructed to fill it at intervals in accordance with the patient's feelings.

25, One, five and, nine, a.m. Nothing unusual during any of these intervals. Has slept pretty well; pulse averaging about 84; and in every respect seems as comfortable as could be expected.

At nine o'clock the dilator (about one inch and a quarter in diameter) seemed fully distended, and it was resolved to attempt the extraction of the stone. The patient was placed on the edge of the bed, and (the dilator having been removed) the fore finger of the left hand was passed along the wound through the neck of the bladder until the stone was felt. Some fragments lying close beside the neck of the bladder were removed by aid of the scoop, which required to be introduced several times, when a small pair of forceps were used to seize the stone. This being effected with little trouble, an attempt was made to extract, but with no benefit, the stone seeming too large to pass along with freedom. A pair of forceps slightly larger were then tried, and next a hook, but with no favorable result. The forceps were again used, and with some additional force, but still there was resistance. The blades were now forcibly closed with a rapid motion, when the stone split into fragments, which were readily removed without further trouble. A careful search having been made for fragments, and the bladder having been cleared with a syringe and warm water, the patient was replaced in bed. He seemed fatigued and shaken by the proceedings, but was speedily relieved by a little wine and water. More blood was lost than during the cutting part of the operation. The different fragments of stone weighed, together, two ounces.

Eight, p.m. In the early part of the day had slight shivering, with a weak and fluttering pulse, but soon got better after taking a little wine. Pulse has risen in the course of the day from 98 to 124. Has complained of pain in the wound, also in the abdomen, immediately above the pubis, and has felt oppressed with heat, the day being very warm. Has been thirsty, and the tongue has occasionally been parched. In the evening had slight vomiting of a greenish colored fluid. Has slept at intervals; bowels been once moved; urine passing freely through the wound; has taken from time to time small quantities of barley water, with a little wine, and sometimes an effervescent draught.

26, Nine, a.m. Had an opiate and diaphoretic mixture last night; has slept tolerably well, though occasionally restless, and still troubled with complaints similar to those of yesterday. Vomiting of a bilious character, and has been ordered five grains of blue pill; abdomen has been fomented, from which he has experienced some relief.

Ten, p.m. Has improved during the day; has now no sickness; tenderness of abdomen gone off; bowels have been moved twice since the morning; skin cool and moist; tongue almost natural; pulse 88; respiration 18, easy; water passing freely by the wound.

27 and 28. Everything going on rather favorably,

although, in the course of a day, the pulse and respiration vary considerably; complains at times of pains in different parts of the body and abdomen; wound looks healthy, and urine passes freely.

29, Nine, p.m. Has had a restless night, and complains of tenderness of the abdomen, which is aggravated by a troublesome cough; is rather feverish, and appears weak and depressed; wound still looks well.

Ten, p.m. Fever has increased during the day, and tenderness of abdomen still continues; complains of flatulency, and there is slight tympanitis; pulse 123, small, and weak; appears low and distressed, having an anxious, pinched expression of countenance. In the course of the day the wound has looked sluggish, and hot dressings have been applied. To have an ounce of wine every hour, and five grains of sesquicarbonate of ammonia, with one drachm of compound tincture of cardamom, in an ounce of camphor mixture, every four hours; an opiate enema in the evening.

30. Since last night has gradually become weaker. Brandy and wine have been exhibited at frequent intervals, but with no benefit. He died at seven o'clock, a.m.

Sectio Cadaveris, Thirty Hours after Death.

The peritoneum contained a small quantity of sero-purulent fluid, but presented no trace of active inflammation at any point. In the *cul de sac*, between the bladder and rectum, the surface was of a blue color, such as is the effect of putrefaction in warm weather. The surface of the wound, so far as it could be seen on looking from the perineum, was of an ash color. The rectum and bladder, with the skin and other tissues in the perineum, the symphysis pubis, and a portion of the penis, were removed. The fat and cellular tissue were cleared away, so as to permit a more accurate inspection of the parts in the vicinity of the neck of the bladder. Between the angle of the pubes and the latter part the textures seemed in a natural condition; there was no appearance of contusion, laceration, or infiltration of blood. Towards the right side of the prostate there was slight ecchymosis, but the external surface of this gland, on the left side, was in a natural condition. The cellular tissue between the bladder and rectum, and that lying on the outer surface of the gut, was softened and slightly infiltrated with a sero-purulent fluid. The softening appeared partly the result of inflammation, and partly of putrefaction. The side of the rectum next the opening into the bladder was of a bluish color, similar to that on the lower part of the peritoneum. The ureters (especially the left one) were larger than usual; they were traced into the bladder, and at these points, as well as in the site of the vesiculæ seminales, the bladder, although externally it seemed healthy, was somewhat thickened. The finger passed readily along the opening into the bladder, coming in its course into close contact with the rectum. The lateral lobes of the prostate were

distinctly felt, the inferior and upper portions being by no means so perceptible as usual. The aperture here seemed like a vertical slit. The original opening into the urethra was at the back part of the bulb, and in this vicinity there were scarcely any traces of contusion. The interior of the bladder was exposed by a semilunar incision through the tunics on the left side. The mucous membrane presented no appearance of inflammation; it was, however, extensively sacculated, and several of the pouches were filled with concretions, some of them forming distinct elevations, about the size of peas, on the outer surface of the bladder. The membrane at these parts was remarkably thin. A close inspection of the neck of the bladder in the vicinity of the orifice detected slight marks of contusion, and here the surface of the opening appeared somewhat ragged, and it was apparent that the prostate had yielded chiefly in its lower part, and next in its upper. The wound was covered with shreds of lymph, and here the color was similar to that observed on the perineal end of the opening. A slit was made along the left side of the track, and the interior presented a rough lacerated surface, the mucous membrane of the urethra being nowhere visible, excepting at the upper part, where it was continuous with that in the sound portion of the tube. The kidneys were of a natural size, pale in color, and soft in texture. The right pelvis contained about eighteen or twenty small concretions, each about the size of a pin's head. The viscera of the abdomen generally healthy. No other region of the body was examined.—*Lancet*.

MEDICAL CHARITABLE SOCIETY OF THE WEST RIDING OF THE COUNTY OF YORK.

The fifteenth anniversary of this excellent institution was held at the Leeds School of Medicine on the 13th of July, 1843. It gives us much pleasure to perceive, from the report, that the society continues "to pursue its useful existence with energy and success."

The treasurer's account shows the income of the year to have amounted to £759 3d.

ROYAL COLLEGE OF SURGEONS IN LONDON.

Members admitted Friday, July 28, 1843.

W. Wilkinson, R. W. Watkins, E. J. Riccard, J. Palmer, H. Harding, E. Callender, H. Butler.

TO CORRESPONDENTS.

Communications have been received from *Dr. Woodhouse*, Reading; from *Mr. Copeman*, Cottishall; from *Mr. Fletcher*, Sheffield; and from *Mr. Terry*, Northampton.

ERRATUM.

In *Dr. Prichard's* communication on transfusion of blood, an error of print has occurred, which we are desirous of correcting. The case should have been dated 1843, *instead of* 1834.

COMMUNICATIONS, JOURNALS, AND BOOKS FOR REVIEW, TO BE FORWARDED (CARRIAGE PAID), TO THE PUBLISHER, 356, STRAND LONDON. LETTERS CONNECTED WITH THE PROVINCIAL ASSOCIATION, TO DR. STREETEN, WORCESTER.