

II.

Case of Urinary Calculus. By ALEXANDER JACK, Surgeon.

CORPORAL BLANCHFLOWER, of the marines, aged 28, of a middle stature, sallow complexion, and spare habit of body, complained to me about the latter end of May 1807, of difficulty in voiding his urine, extreme pain in passing the little he did; severe pain in the left lumbar region, and of numbness in the fore part of the thigh at that side. Generally of a costive habit. The bladder did not appear much distended. The introduction of the catheter produced no flow of urine, but on being withdrawn, a few drops of a white pus-looking fluid came off, attended with severe lancinating pain in the urethra. About twelve years before this period, he had a similar attack, which went off after a discharge of white pus from the urethra. In the last attack, opiates were given to relieve pain, and laxatives to obviate costiveness; the warm bath was also used twice a day, which produced temporary relief, and brought on a discharge of urine, mixed with whitish-coloured matter, and for the time being the numbness of the thigh went off. Under this treatment, the patient got about again in five or six days time. From this last period, up to the 8th December, of the same year, he had several attacks of the pain in the lumbar region, attended with a white discharge mixed with the urine: but these fits were never so severe as to prevent him from his duty. An opiate at night, followed by a cathartic in the morning, always relieved him. On the 8th December 1807, the last and fatal attack took place; the pain in passing water was more intolerable, and the pus mixed with it, increased in quantity, which, on standing in the urine some time always subsided to the bottom, and had nothing of a gritty feel. The symptoms continued with little alteration, except what temporary relief the warm bath and opiates afforded, which was now much less than he was wont to experience from them. On the 11th, I attempted to introduce a catheter, but it was obliged to be withdrawn, when it had passed as far as the bulb of the urethra, owing to the acute pain. The urine flowed several times during its introduction. 13th, The urine began to flow plentifully, mixed with pus, but involuntarily; the pain at this time was particularly acute in that part of the urethra behind the scrotum. There was now considerable debility, and the other symptoms remained much the same. 18th, The left loin is painful

ful to the touch, and to the patient appears as if swelled, which however was not perceived on inspection of the part. Has been injecting a weak watery solution of opium into the urethra, for these some days past: it has produced no relief of pain. About this time he began to complain much of pain in the region of the bladder when pressed upon. 22d, All the symptoms greatly aggravated. Urine voided every few minutes, with most intolerable pain. 27th, Complains of aching in the lower extremities. 29th, Has evacuated a great quantity of air downwards; and now, for the first time, complains of fulness or tightness about the abdomen. 31st, Every symptom increasing, with extreme debility. Symptoms of coma begin now to appear. 2d January 1808, Vomiting and sickness during last night. Yesterday he complained more of the pain in the bladder, and less of the lumbar region, than he had done at all.— 4th, Comatose state is now almost constant, attended now and then with *subsultus tendinum*. All the other symptoms getting worse and worse. 6th, Most of the day troublesome singultus. 7th, At 2 A. M. expired.

During the first part of the complaint, he used the warm bath once or twice a day. As he was unable latterly to get up, the abdomen and perinæum were fomented with flannels wrung from hot water. Laxatives and injections were frequently required, as he was very costive. Opiates were for the most part given at bed-time. These, with soap pills and mucilaginous drinks, constituted the treatment of his complaint. The bathing, fomentation, and opiates, for the most part, afforded temporary relief. During the last two or three days of the complaint, a little blood was discharged from the urethra. I need scarcely state, that febrile symptoms attended; they were not such, however, as to require evacuations of any kind.

Dissection.—At 7 A. M. of the day on which he died, the body, now much emaciated, was opened. Appearances were as follow:

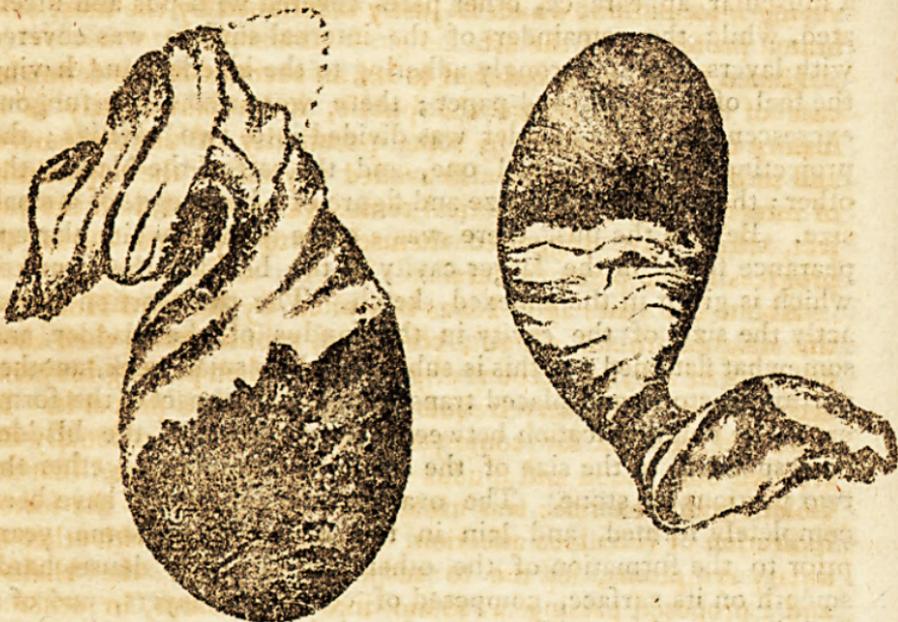
Stomach distended with flatus, blood-vessels on its surface turgid. Liver rather hard in its substance, and lighter-coloured than usual, having a number of light ash-coloured spots on its convex side, from the size of a shilling downwards, firmer to the feel than the rest of the liver. Above the pubes was seen the fundus of the bladder projecting upwards, forwards, and towards one side, much thickened, and very hard. The body of the bladder was nearly in the same state, containing a quantity of fluid, and a hard body like a stone. Upon its being laid open, a pint of sanious matter, tinged with blood, was evacuated, having a very fetid

fetid smell. The thickness of the body of the bladder was about half an inch; towards the fundus, three quarters of an inch; the whole having a scirrhus appearance. The outer surface was irregular and pitted; the inner in some places was raw, having a muscular appearance, other parts covered with pus and ulcerated, while the remainder of the internal surface was covered with layers of sand, strongly adhering to the bladder, and having the feel of common sand paper; there were also a few fungous excrescences. The bladder was divided into two cavities; the projecting fundus formed one, and the rest of the bladder the other; the former of the size and figure of a hen's egg, of a small size. Besides the pus, there was a stone of a very singular appearance found in the larger cavity of the bladder, the figure of which is given in the annexed sketch. The oval portion is exactly the size of the cavity in the fundus of the bladder, and somewhat flattened; to this is subjoined, by a small neck, another portion of stone, and placed transversely with respect to the former. The communication between the two cysts of the bladder corresponded to the size of the small neck joining together the two portions of stone. The oval portion appears to have been completely formed, and lain in the small cyst for some years prior to the formation of the other portion; it is dense, hard, smooth on its surface, composed of concentric layers, and of a dark brown colour. The second and last formed portion is irregular in shape, and softer than the other; some of it has the appearance of being in layers, but the greatest portion has a granular and spongy texture: its surface is rough, and of a light gray colour. Both the kidneys were enlarged and flaccid, but most of all the left one (where the pain had been seated), which, on being opened, discharged a great quantity of pus, of the same quality, and nearly about the quantity contained in the bladder, except that it was not tinged with blood. I should have mentioned before, that the pus contained in the bladder, was mixed with a white curdly-looking matter, like that discharged from scrofulous sores. Such were the appearances observed on dissection, which, but for particular circumstances, would have been carried to a greater extent.

From the above history and dissection, it would appear, that the oval portion of stone had been formed, at least retained, after it had acquired a small size, in the cyst at the bottom of the bladder: that the remainder of it had continued to accumulate, whilst the stone was retained in this position, until the attack of the last fit, when, probably it was thrown from the sac it had lain so long in, by some strong spasmodic action of the fundus of the bladder; from whence, probably, may be explained

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ed the reason why the symptoms of stone in the bladder were either awanting, or so very trifling, during the number of years it must have taken in accumulating.



The dotted line represents a portion accidentally broken off. Length of the broadest part of the neck, not including the broken portion, $1\frac{1}{2}$ inches.

Neck where narrowest, half an inch.

Extreme length, $2\frac{3}{10}$ inches.

Extreme breadth, $1\frac{1}{2}$ inches.

Thickness of body 1 inch.

Hamoaze, 16th January 1812.

III.

An Account of a Case of Lithotomy; with Practical Remarks. By
JAMES BARLOW, Surgeon, Blackburn, Lancashire.

IN an art of such extended importance as surgery, which involves so many of the natural evils to which mankind are unavoidably