ASSOCIATION MEDICAL JOURNAL:

BEING

THE JOURNAL OF THE PROVINCIAL MEDICAL AND SURGICAL ASSOCIATION.

No. CLXXIII.

LONDON: SATURDAY, APRIL 26, 1856.

Hospital Reports.

DENBIGHSHIRE INFIRMARY.

CASE OF LITHOTOMY: UNUSUAL NUMBER OF CALCULI.

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IN publishing the following case, I am actuated by the hope that there are some points in connexion with it which may not altogether be devoid of interest to my professional brethren.

CASE. Robert Roberts, a strong, hale man, aged 68 years, was admitted under my care into the Denbighshire Infirmary, February 11th, 1856. He states that about a year and a half ago he first began to suffer from irritability of the bladder, having constantly a desire to pass water, with considerable pain in the region of the kidneys and penis, until the symptoms became so aggravated that he applied for relief at the Infirmary. He had occasionally voided blood, and the urine was frequently loaded with a sandy deposit, and had passed minute calculi, *per urethram*, at different periods. None of his family, to his knowledge, had ever suffered from stone in the bladder. By the introduction of a sound, a calculus was readily detected, lying apparently loose in the cavity of the bladder, and on passing the instrument over the stone, I thought it was one of rather large size, with much roughness of surface.

After remaining in the house a week, and being duly prepared by castor oil in small doses, and enemata, I proceeded to perform the lateral operation, in the presence of my colleagues, and others. The man was under the influence of chloroform. In a few minutes the operation, under ordinary circumstances, would have been completed; but as soon as the bladder was opened, I found, after the extraction of a calculus about the size of a Spanish nut, and weighing two scruples and seven grains, that there were several smaller ones, all lying loose in the bladder; and after they had all been carefully removed, they amounted to twenty-five in number—four of them of the size of large hazel nuts, and the others of intermediate sizes.

Some delay was, therefore, occasioned by searching for and extracting so many stones—a number which, I believe, is of considerable rarity in this disease. Similar cases are mentioned by Ruysch, Crosse, and Fergusson; and Mr. Coulson in his work on *Lithotriety and Lithotomy* alludes to two or three cases where an immense number of minute calculi were extracted by the lateral operation. The bladder having been well syringed out with tepid water, a tube was introduced into it, and the man placed in bed. Very little blood was lost during the operation, and subsequently there was very little oozing.

An opiate was given at bedtime, and in about an hour afterwards he was seized with pain in the epigastrium, and vomiting of dark coffee-coloured fluid; the bowels intensely tympanitic; and though they were not painful on pressure, he suffered much distress from distension. Pulse good, at 88; tongue clean, and moist; countenance rather anxious. An assafœtida injection was administered by means of O'Beirn's tube, but without much relief to his symptoms; no flatus passed through it.

The following morning the bowels were still tympanitic; tongue dry, slightly brown, and drawn to a point, but the pulse was soft and yielding; 85. Hot turpentine stupes were ordered to be constantly applied to the abdomen, and five grains of carbonate of ammonia to be given every two or three hours.

5 P.M. Slightly improved since the morning; bowels not relieved, but he parted with a great quantity of flatus *per anum*. Urine flowing through the wound. The tube was removed in the morning. To continue the turpentine stupes and carbonate of ammonia.

Feb. 21st. He passed a good night without the aid of an opiate; tenseness of bowels disappearing. Pulse 94, with moderate power.

Feb. 22nd. A good night; pulse calm, and natural; tongue and skin moist; bowels not relieved; slight tympanitis; wound looks healthy, and urine passes freely through it.

R. Ol. ricini opt. ʒss; tinct. assafœt. mʒ; aquæ menthæ piperitæ ʒi. M. Statim sumendus.

Feb. 23rd. Had a restless night; oil not acted; an enema was given, but he was not able to retain it; urine dribbles away through wound.

Feb. 24th. Another bad night; bowels well relieved today; tongue dry, and pulse quicker; 98.

R. Tinct. hyoseyami ʒj; vini antimonii potassio-tartatris ʒss; aquæ menthæ piperitæ ʒi. M. Fiat haustus horâ somni sumendus.

Feb. 25th. A better night; bowels acting well; urine does not dribble away so much, but comes from him with an expulsive effort.

Feb. 26th. A good deal annoyed with flatus.

R. Ol. ricini opt. ʒvj; spiritûs terebinthinæ mʒx; tinct. opii mʒx; aquæ menthæ piperitæ ʒi. M. Fiat haustus horâ somni sumendus.

Feb. 27th. Bowels well relieved; no bad symptoms.

Feb. 28th. Much troubled during the night with griping and flatulence; voided urine *per urethram* this morning, the ninth day after the operation; wound looking very healthy.

Feb. 29th. Urine comes through urethra and wound.

March 3rd. Nothing to record; progressing favourably.

March 4th. Wound healing kindly, and most of the urine voided *per penem*.

From this date nothing occurred to retard his recovery, with the exception of excoriations on the buttocks, produced probably by the action of the urine on the skin, but which soon gave way to local treatment, and he was discharged cured on the 24th, thirty-four days after the operation.

REMARKS. One of the principal features of interest in the above case is the unusual number of calculi found in the bladder, involving, as it did, the frequent reintroduction of the forceps and scoop, without being followed by any very severe constitutional symptoms. The calculi varied in size, colour, and form. The larger ones are of a pale drab colour, with perfectly smooth surfaces, and presenting an irregular pyramidal appearance. The smaller ones are of a brown colour, possessing highly polished surfaces, of an irregular oval shape, and distinctly proving them to be all separate formations. The attrition of the stones against each other no doubt was the cause of giving them their peculiar shape. Their aggregate weight is 3ʒ, ʒij, and grs. viij. Their composition appears, by external characters, to be made up principally of uric acid.