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CASE OF VESICAL CALCULUS *

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In August last it was my privilege to assist Dr. J. Rutherford Morison, F.R.C.S, Edin., of Hartlepool, Eng., while he operated for stone. The result was the extraction of a uric acid calculus of extraordinary size—the largest of pure uric acid on record, and as I have with me a plaster cast of the calculus, and some notes supplied to me by Dr. Morison, I have pleasure in bringing the case under the notice of this Association, especially as I am not aware that the notes have been published in any of the medical journals.

J. T., æt. 52, married, a seafaring man, residing at West Hartlepool, complains of pain and difficulty with his water. His general health has been good with the exception of the trouble complained of. He has been somewhat addicted to alcoholic excess. He looks a strong man, but much worn by pain and loss of rest.

History: For the last 30 years he has had attacks of pain and difficulty in micturition. He thinks that an accident, a fall on the perineum over a railing, which he met with when a boy may have been the cause. During the attacks he has had a frequent desire to micturate accompanied by straining pains in the perineum and rectum, and a shooting into the end of the penis. These attacks lasted a variable time, occasionally passing off in a few days, at other times remaining for months. He says they had to reach a height, after which followed a gradual return to health, and for a time he remained perfectly well. Several years ago, during one of the attacks, he passed blood

with the urine. At different times he has consulted physicians and surgeons, but nothing did him any good except morphia which relieved his pain. He has been frequently sounded for stone but without result. His *present attack* began four months ago in the usual way, with painful and frequent micturition, for which, up to the time of my seeing him, he has been under medical care and steadily getting worse. At the time of my first seeing him, I was going away for three weeks, so, on examining his urine, and finding it to contain one-third albumen, some pus, and to be of low sp. gr. (1008), I ordered him to live on milk and take 15 ms. of tr. ferri. perchlor. three times a day, postponing any instrumental interference till my return. On August 14th, three weeks having expired, I again visited him. So far as can be ascertained all his organs are sound with the exception of his genito-urinary system. He is wearing a urinal, as his urine is constantly dribbling away. As a consequence his thighs are excoriated, and he has a strong urinous odor. On palpation a rounded swelling can be felt in his lower abdomen reaching midway between the umbilicus and pubis, which is dull on percussion, and pressure on which causes a desire to micturate, and the escape of some urine by the natural channel. Pressure over both kidneys posteriorly causes pain. Per rectum, a round, hard, tender swelling is easily felt projecting into the lower part. A soft rubber catheter enters as far, apparently, as the prostatic urethra, but here it hitches causing great pain, and about a teaspoonful of urine escapes in little gushes. The catheter will not enter the bladder. I arranged to give him chloroform the following day and make a thorough exploration.

August 15th. On giving chloroform the distended bladder could be distinctly felt as a rounded swelling in the lower abdomen. A soft coudeé instrument stuck at the same spot as the one introduced yesterday, and no more water could be obtained through it. A silver catheter now tried, struck a stone at the point of the obstruction lying in the urethra and could not be passed beyond it. I arranged to make an incision and by that means empty his bladder next day.

August 16th. The staff when introduced hitched on the urethral calculus, but passed on into the bladder where it struck another

*Read before the Ontario Medical Association, June, 1886.