

Original Communications.

Stone in the Bladder. By W. H. Hingston, M.D.
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[Read before the Médico-Chirurgical Society of Montreal
November 21, 1873.]

Papers on stone in the bladder are now so frequent as to lead one to suppose either that the disease is more frequent, or that the trouble is less liable than formerly to escape attention. My own opinion is that both these circumstances obtain. Two papers on stone in the bladder have, within a comparatively short period, been contributed to the medical literature of this country by members of this Society—one on lithotomy, the other on lithotomy and lithotripsy. Still the subject is always interesting—always new. The case I have now to submit possesses certain features which may interest the members of this Society. It is an exception to a general rule in its history, and is a marked exception to another general rule in its indication as to the choice of operation.

For practical purposes the varieties of stone may be reduced to three classes; which, in the order of their frequency, may be mentioned thus: the uric acid and urates, the phosphates and the oxalates of lime. An oxalate is usually oxalate throughout; the same may be said, but with occasional exceptions, of the two other varieties. The stone I have submitted to your inspection possesses in addition to its large size, a combination of three varieties, a combination which puzzled me not a little, and left me for a time undecided as to which operation, to choose, lithotomy or lithotripsy, so as to expose the patient to the least danger.

A. Darragh, of Syracuse, N.Y., consulted me on 12th July last, and gave *a peu près*, the following history of his case. He is twenty-three years of age, and had suffered from early infancy. He states that when fifteen days old he had troublesome micturition, and the doctor was consulted. How often he was carried to the doctor he knows not, but within his recollection he had seen a dozen physicians, most of whom gave anodynes and diuretics. The pain at times was agonizing, while at others he was comparatively easy and comfortable. Certain seasons and certain conditions of the atmosphere seemed to influence and modify his sufferings; but at no period of the day, and rarely at night, could he consider himself free from pain. The suffering at times was so great, particularly at night, that he was forced to lie on one side (the right), and even

then the neighbours were often awakened by his screams. This condition of things continued for a period of twenty-three years with varying severity. A severe paroxysm seized him when in Syracuse, State of N. Y., and a physician being called suspected the existence of stone, and on being sounded shewed his suspicions to be well founded. The patient then came to Montreal and placed himself under my care.

An examination showed the existence of stone, but which when struck did not give out that sound which more or less characterizes its nature and consistence. When struck on one side it gave out a dull *thud*, to use a Scotticism, while when another portion was smartly struck, it gave out a sharp, hard, metallic ring. I tried to measure the stone with the lithotrite; but this was a matter of much difficulty, and I have now reason to believe that while I made out, tolerably correctly, its two lesser diameters, the greater was not, could not, be made out, the lithotrite not being susceptible of sufficient dilatation to permit it within its jaws. The soft muffled sound which the calculus emitted when struck, and its huge size, induced me to think that I had to deal with a phosphate; and the alkaline condition of the urine favored that belief. At the first examination I seized the calculus and easily detached a not inconsiderable portion of its crust. The urine, for a few days, was more markedly alkaline and loaded with phosphates; and pieces the size of a split pea and smaller, came away during micturition. Four days afterwards, at another seance, I repeated the attempt at crushing, but the lithotrite closed on a body as unyielding as the instrument itself, showing unmistakably the phosphate formed the crust of the stone and that a havier stone lay hidden within. I threw aside the lithotrite, and aided by the hospital staff proceeded at once to lithotomize. The old fashioned, good fashioned, lateral method was adopted; the bladder was reached without difficulty, the stone seized, and, guided by the left index, with a coaxing, swaying motion, with not more force than was necessary, was extracted. It is now before you, gentlemen, and from all I can learn, is the largest ever removed entire from a living subject in Canada. It measures in greatest circumference $9\frac{1}{2}$ inches, and weighs 5 oz. 5 drachms. The crust is phosphatic and the nucleus is oxalate of lime, hard as flint, into which no lithotrite could be forced to take a grip; and even now, removed as it is from the body, I much question if the best lithotrite ever made could reduce it to proportions to enable it pass per *vias naturales*.