A CASE OF URETHRAL CALCULUS.

BY J. T. BOUTELLE, M. D., OF HAMPTON, VA.

R. CARROLL, a colored man, fifty-six years old, consulted me July 1, 1875. He stated that twelve years ago he began to be troubled with difficulty in passing water, accompanied by pain in the perinæum and the abdomen. He remembered that the stream was frequently checked or "shut off" very suddenly during its passage. About ten years ago he had a complete stoppage of urine, followed by swelling of the perinæum. He had no medical attendance at that time, and a large perineal abscess formed, which opened spontaneously, giving exit to a great amount of offensive greenish matter. Through this opening his urine was voided, and, a fistula resulting, he had passed nearly all his urine through it ever since. He said that he had been a great sufferer, having to micturate often, and always with pain, the urine passing in a fine stream or drop by drop through the fistula. A very small amount also passed through the urethra. Little pieces of "gravel" were often forced through the fistula. The patient had taken morphine in large doses for a year or two to relieve the pain.

At the time of his visit he was suffering great pain in the loins and in the region of the bladder; walking or riding increased the pain, and he was growing very weak and unable to do any work. On attempting to pass a sound I found, about three inches from the meatus, a tough stricture, which admitted the passage of only a very fine bougie. The instrument was arrested after passing the stricture, and on withdrawing it I found the sides to be scratched as if by a hard substance. On examination with the finger along the urethra externally, some hard lumps could be felt just anterior to the scrotum. A probe passed through the stricture grated upon a hard body. As there was evidently a large calculus in the urethra, I advised an operation for its removal; to this the patient consented.

July 3d. Chloroform having been administered to the patient by Dr. Selden, of Hampton, I made an incision one inch in length into the urethra just anterior to the scrotum. Through this incision the first and second pieces or sections (1 and 2 in the figure) were removed without difficulty; on attempting to pass a sound through the wound into the bladder, the others were felt, and with a little trouble extracted with

dressing forceps. A large steel sound was then easily passed into the bladder, and no stone could be felt. No attempt was made at this time

to dilate the stricture. The wound was left open, and a cold wet compress wrapped around the penis. The man recovered well from the chloroform, and passed water freely through the wound.

July 4th. Patient had passed a comfortable night, and was feeling very well. Scarcely any constitutional disturbance, and no bad symptom of any kind observed. Water passed easily through the wound, and none through the fistula in the perinaeum.

July 5th. Patient doing well. From this date he continued to improve, being soon able to be up and to walk out. But the wound gradually closed, and the urine began to pass again through the fistula, and an abscess formed at the wound.

I saw him again on August 1st. The abscess had opened and discharged; the wound had closed entirely, and he had considerable difficulty in passing water through the fistula. A small amount passed out of the meatus at every micturition.

August 7th. With the assistance of Dr. Selden the patient was chloroformed, and the stricture was thoroughly ruptured with a Holt's dilator. On recovering from the anæsthetic he passed his water easily through the urethra. He was ordered to remain quietly in bed, to drink flax-seed tea, and to have an opiate at night.

August 8th. I found him up and out of bed, feeling very well and joyful. There was almost no constitutional disturbance. From this date his recovery was rapid, and he was very soon able to resume his farm work.

November 8th. He is much improved in general health, and has given up the use of opiates entirely. The fistulous opening in the perinaeum has entirely closed, and his urine passes in a good stream through the urethra. The wound from the operation also remains closed. He states that he has passed one or two small pieces of stone, but they were soft and crumbled easily.

The very remarkable size of the calculus, the length of time it had existed, and the rapid recovery of the patient after its removal by operation have led me to report the case. It is easy to see how the calculus was formed: a small stone arrested at the stricture blocked the exit of the urine, causing rupture of the urethra and perineal fistula, while the stone by continued deposit increased in size, and others formed behind it.

I had at first intended to remove the calculus by the operation of perineal section, hoping in that way to avoid making a fistula of the urethra, but the scene of operation was a small cabin with very poor light, the perinaeum was full of cicatricial tissue, and my only assistant had to devote most of his attention to the anæsthetic. These facts decided me to make the incision as I have stated above, and it is noticeable that the wound healed completely under the simplest dressing.

The calculi are remarkable from the peculiar nature of the surfaces

by which each piece touches its neighbors. Pieces 2 and 3, and 3 and 4, articulate by ball-and-socket joints, 2 entering 3 and 3 entering 4. The end of 2 nearest to 1 has a transverse groove, which, instead of confining the point of 1, allows it to slide to one side or the other.

RECENT PROGRESS IN SURGERY.¹

BY J. COLLINS WARREN, M. D.

The Treatment in Germany of Cleft Palate.—In a former Report² attention was called to a new operation for remedying this deformity, devised by Professor Simon, of Heidelberg. This operation, called staphylo-pharyngorraphy, was based upon the action of the upper constrictor muscle of the pharynx, which was shown to play so important a part in the act of articulation. Attention was first called to this muscle, in connection with operations or devices for the cure of the defect, by Suersen, a dentist of Berlin, whose obturator or hard-rubber plate has not attained that celebrity which its success in giving the voice a purity of tone should have earned for it.

The operations for cleft palate which are performed in this country and in England, although constantly undergoing slight modifications to facilitate the closure of the fissure, have in no case been based upon the action of the muscles with a view of remedying the more conspicuous portion of the deformity, the imperfection of speech. The great merit of Suersen's apparatus consists in its adaptation to the muscular apparatus concerned in excluding the passage of air from the throat into the nasal cavity, so that communication between the two cavities is much more effectually regulated than by any other method. The following account is taken from an abstract of a lecture delivered by Suersen at Hamburg in 1867.³ He says that the separation of the cavity of the mouth from the cavity of the nose "is under normal conditions effected on the one hand by the velum palati, which strains itself (consequently by the levator and tensor palati), but on the other hand, also, by a muscle which has in connection with these operations not yet received, to my knowledge, a sufficient amount of attention. I mean the constrictor pharyngis superior. This muscle contracts itself during the utterance of every letter pronounced without a nasal sound, just as the levator palati does. The constrictor muscle contracts the cavum pharyngo-palatinum, the pharynx wall bulging out, and it is chiefly on the action of this muscle that I base the system of my artificial palates.

¹ Concluded from page 710.

² JOURNAL, xc. 596.

³ The American Journal of Dental Science, vol. i., third series, No. 8.