

ART. III. *Case of Stone, in which the Fundus of the Bladder was coated with Calculous Incrustation, successfully treated.* By AMASA TROWBRIDGE, M. D. of Watertown, Jefferson county, New York.

MR. RIDER, the subject of this case, was thirty years of age, by occupation a carpenter, and of full habit. He had enjoyed good health until within the last four years, during which time, he was afflicted with pain in the region of the bladder, with a sensation of weight and uneasiness around that organ; there was a disposition to void water frequently; the urine was neither much discoloured, nor increased or diminished in quantity. These symptoms increased the last year, with additional symptoms of calculous, such as more severe pain in voiding water, and the disposition to urinate returning at shorter intervals. His rest was disturbed at night; he was obliged to void water eight or ten times; was generally feverish and thirsty; pulse generally about 80; general health not much impaired; appetite good, and tongue clean. There had been, generally, a constipation of bowels; and he had suffered a few weeks before he called on me, by an aggravation of all his symptoms, without any assignable cause.

The almost entire suppression of urine occasioned the necessity of using the catheter, and in doing this, Dr. SMITH detected a stone. I was in a few days after consulted. On sounding, I found a stone, of a large size, resting near the neck of the bladder, so that it was instantly struck, on the sound entering, and the instrument constantly rested on calculi, when pushed forward, or moved in any direction. At this interview, the patient gave me the further particulars of his case, as above detailed; and stated that he had been treated by different physicians for various complaints, supposed to exist in the urinary organs, without much change or relief of symptoms. No one had supposed it to be a case of calculus, till a stone was detected by Dr. Smith. He consented to the operation of lithotomy, which was performed after opening his bowels with oleum ricini, and the use of mucilaginous drinks, for three days, as a preparatory step. The patient was placed on a chest, raised sufficiently high to be convenient for the operator to sit in a chair before him, confined in the usual manner. The instruments used was a common scalpel, to make the incision to the staff; and PRYSEICK's improved gorget, of the largest size, to cut into the bladder, and the other instruments in readiness generally used in such operations. In making the incisions to the staff, the transverse artery of the perineum was divided, and it bled so powerfully as to require a ligature. The

bulbous artery was divided, and threw strong jets of blood, but was restrained, by an assistant holding his finger on it for a few minutes. Forceps of a common size were easily introduced, and placed on the stone, which proved to be very large, and after several attempts to bring it through the incision without success, I withdrew the forceps, examined with my finger, and ascertained that the stone was spherical, and could not be brought out whole with safety to the patient. I crushed it, and brought out with the forceps a large piece; introduced the forceps several times, and brought out large fragments; after this, washed out many with the syringe, and removed others with the scoop. Finding that the scoop still touched stone near the fundus of the bladder, and fastening on some that could not be brought down, and when I attempted it, gave great pain to the patient; I again sounded with my finger, and was astonished to find the mucous membrane of the bladder, near its fundus, coated with a calculous incrustation of considerable thickness and hardness, but easily broken by pressing my finger against it. There appeared also to be an hour-glass contraction of the bladder, the lower portion had been occupied by the stone removed; the upper portion yet contained a thin stratum of calculous concretion, spread over the surface of the bladder, and firmly adherent to it. As the patient had been on his seat about forty minutes, and had suffered considerably from the last attempt to clear the upper portion of the bladder, I put him in bed to wait the result of further treatment; gave him sixty drops of laudanum, directed warm fomentations over the pubis, if there should be pain or tenderness. Left him 6 o'clock, P. M. 22d July.

23d, 9 o'clock, A. M. Found he had rested well the past night; suffered little pain; urine had passed freely through the incisions; many small pieces of calculi had passed. Pulse 90. Directed mucilages and light food; laudanum if there should be pain; his head and shoulders to be well raised; to rest on his back, with his knees drawn up and spread as much as possible.

24th. Found him under slight fever; some pain and tenderness over the region of the bladder. Pulse 95. Coated tongue; bled twelve ounces; gave oil ricini, to be followed after operation with Dover's powder; directed warm fomentations and laudanum as before.

25th. The oil had operated; had taken two powders, six grains each, and fifty drops of laudanum. Slept the greatest part of the night; many fragments of calculi had passed off. Pulse 95. Discharge of fetid matter, mixed with urine, through the incision; passed into the bladder a silver probe with a broad flat point; discovered much calculous matter near the fundus of the bladder, and

some loose near the neck. The probe was coloured black by the contents of the bladder. Turned the flat end of the probe in the form of a hook; introduced it several times, and drew out many pieces of calculi; fastened on several pieces high in the bladder, which, on attempting to remove, gave the patient much pain; introduced a female catheter, and injected through it one gill of elm tea. Gave a powder composed opii camph., emet. tartar, and calomel; directed fomentations as before.

26th. Several pieces of stone had passed off. Some appeared to be those I had attempted to remove the preceding day with the hook; they were tinged on one side with blood, and covered with a membranous substance; considerable discharge of fœtid matter; directions as the day before.

28th. Injected mucilage, passed the hook, and drew out several pieces of calculi; bowels open; had slept well; little fever; disposed to take solid food; less matter and fœter. When his knees were brought together, his urine passed through the urethra, finding there was a large quantity of calculous matter yet remaining, and fearing the incision would close too much for its removal in the manner I had adopted, I procured a silver scoop.

29th. Injected and introduced the new instrument into the upper portion of the bladder; on withdrawing it, I found the bowl filled with calculi, and morbid membranous substance. I introduced this instrument again twice, with a similar result, the introduction at first, was rather difficult through the neck of the bladder, and gave the patient some pain.

I visited the patient daily, injected mucilage, and introduced this instrument, two and three times each day, until the 6th of August, and brought off more or less calculous matter each day. At this time a large fragment was brought down to the neck of the bladder, being too broad to pass, I disengaged the scoop, and left it. I procured the forceps, and the next day, with them, broke the calculi in pieces, and removed them with the hook. On passing the probe to the fundus of the bladder, I found many pieces yet remaining; the pain produced was remedied by laudanum, and fomentations, powders of calomel and opium continued.

8th. Found the patient had voided several pieces of calculi; was much discouraged; said "*his bladder was a gravel pit,*" and that he *could not be cured*; persuaded him to persevere; introduced the scoop twice, and brought down several large pieces; found the state of the bladder much altered, its contraction on the instrument distinctly

felt, and much less jarring sensation from stone to the instrument, than at any other period.

9th. Found several small pieces had passed; introduced the scoop; found but few small pieces which were removed; sounded afterwards with the probe and found none.

10th. No calculi had passed, patient expressed great satisfaction; said "*he felt around the bladder as he used to five years before;*" sounded, and found no stone; brought the knees together and confined them.

11th. The patient passed part of his urine through the urethra. Symptoms favourable; passed a sound through the urethra into the bladder. Strong contractions of the bladder upon the instrument; from this period the incision closed rapidly; the patient sat in a chair occasionally, took solid food, and recovered his strength daily. On the 20th, the urine was retained five and six hours in the bladder, and passed wholly through the urethra, with all the healthy sensations.

The patient discharged. Saw him on the 20th of October; he had rode on horseback thirty miles the preceding day. Said he was perfectly well.

The whole weight of the calculi taken was five ounces, three ounces by the first operation, and two ounces by subsequent removal; the whole was composed of the phosphate of lime; the portions removed from the coats of the bladder, were about the eighth of an inch thick, (I send you a piece enclosed,) easily broken or crumbled with the finger.

I will not trouble you with many remarks; there is one circumstance worthy of notice in the symptoms attending the case previous to the operation, viz. there never had been the most prominent symptoms of stone till the last weeks of his sufferings. Such as total suppression, and bloody urine, and extreme pain after voiding it. There was probably a morbid state of the mucous coat of the bladder in the first place, which occasioned the calculous formation upon it, agreeable to the opinion of Mr. BRONIE, and its action or contractile power was partially suspended. The distinct portion of stone resting near the neck of the bladder formed afterwards.

I am sure the operation of lithotritry would not have succeeded in this case. I attribute my success principally to a very free incision through the external parts, keeping it open, and to the final introduction of the silver scoop. This instrument is well calculated to detach portions of calculi, as well to remove them from the bladder. The bowl part is made deep, and the front edge thin and much turned up in the form of a hook. In common operations for stone of a small size,

or on a young subject, this iustrument can be made very useful for extracting.

Gentlemen present at the operations—A. G. DE CAMP, Surgeon U. S. Army; IRA A. SMITH, M. D.; Dr. P. MAXWELL, U. S. Army; RICHARD CLARK, M. D.

*Watertown, Jefferson Co. State of N. York, Feb. 13th, 1832.*

ART. IV. *Case of Hernia with Obstruction, (engouement,) in which there was no Evacuation from the Bowels for Seventeen days.* By JOHN J. ABERNETHY, M. D. of Harfurd County.

I WAS called August 3d, 1832, to visit David Crane of East Windsor, twelve miles from this city, with irreducible, obstructed, inguinal hernia.

The patient was eighty-four years of age, of temperate habits, and good constitution. It appeared that he had had hernia for many years; it had caused no inconvenience; he had never worn a truss. The intestine had usually descended a number of times every day, but he never found any difficulty in reducing it until Friday, July 20th, 1832, when, after labouring some time during the afternoon, he found the herniary tumour in the left groin about the size of a goose-egg, stretching down into the scrotum, causing some pain and general uneasiness.

He immediately resorted to the manipulations by which he had always previously succeeded in reducing it, but at this time found the herniary tumour was larger than it had formerly been, and as he continued his efforts at reduction, they caused considerable pain. He now sent for his physician, who administered a tobacco injection, and again had recourse to the taxis, but in vain; he then directed cold and afterwards warm applicatins to be made to the part.

*Sunday 22d.* Gave half an nunce of castor oil, which produced nausea, some tumefaction and tension of the abdomen, but no cathartic operation. After the exhibition of the oil he experienced some pain and tenderness in the herniary tumour; all medical treatment was then suspended, and the last mentioned symptoms disappeared. His diet consisted of chicken broth and beef tea, which were also administered from time to time per anum.

I visited him Friday, August 3d; found him tolerably comfortable, in no pain, had no tenderness or particular tension of the abdomen,