

## ANOMALOUS CASE OF LITHOTOMY.

## REMARKABLE DILATATION OF THE LEFT CAPSULE OF THE PROSTATE.

To the Editor of THE LANCET.

SIR,—If you deem the accompanying case worthy of admission into your valuable periodical, its insertion will much oblige, Sir, your most obedient servant,

JOHN LIZARS.

38, York Place, Edinburgh;  
Jan. 22, 1836.

A surgeon attached to a large hospital has peculiar opportunities for improvement, and he fails in his duty if he either neglect them, or conceal the useful results of his observation and experience. Success, though it flatters vanity, is at best an equivocal proof of merit, for it may happen to the rash and unskilful. Successful cases, in ordinary circumstances, when published, afford but little information; cowardice may be unwilling to divulge the unsuccessful, but these are for the most part our proper instructors; from these we learn whether nature or art is the more to be blamed for any untoward event; but whether successful or unsuccessful, those cases are invaluable which lead to the detection of such morbid deviations as would certainly occasion the death of a patient in the hands of a timid or irresolute operator. Of this last class is the following:—

**CASE.**—James Brown, a healthy-looking man, fifty-nine years of age, entered the hospital on the 29th of December last, and presented the usual symptoms of stone in the urinary bladder, under which he had laboured during the last eight months. He was in this hospital seven months ago under the late Professor Turner, who sounded him, but detected no calculus. The day after his admission he was carefully sounded, but no stone was felt; the bladder was rough and fasciculated. He was ordered warm-baths, leeches to the region of the pubes, the *mistura aquæ potassæ*, the *uva ursi*, and a seton over the pubes. All irritation having been subdued by these means, he was again sounded, and a stone distinctly perceived. A dose of castor oil was administered, and on the following day the lateral operation was performed.

**Operation.**—All the preliminary steps having been taken, and the existence of a calculus again ascertained, a large staff was inserted, which could not be made to pass the prostatic portion of the canal. A smaller staff was next employed, which apparently entered the bladder, as its handle was loose and moveable. One of my colleagues held it over the pubes, whilst I commenced and

cut down to the membranous portion of the urethra. I then proceeded, seemingly through the left lobe of the prostate gland, which was hard, cartilaginous, and studded with calcareous depositions. The left forefinger, which guided the lithotomy knife, seemed to enter the urinary bladder, and a little fluid, considered to be urine, flowed out, when I begged the staff to be withdrawn. I next inserted a pair of forceps; but instead of a calculus, such as the sounding had led me to expect, I discovered nothing but calculi, varying in size from that of a millet seed to that of a pea. I now used a searcher, but was not more fortunate. My finger felt a pouch, equal in magnitude to a urinary bladder, which contained numerous small calculi. One of my colleagues, at my request, introduced his finger, and the sensation communicated so nearly resembled that of a mucous membrane, that he suspected I had wounded the rectum, but convinced himself of the contrary by examining that viscus with the forefinger of his other hand. Another of my colleagues was also requested to examine, and he, with a scoop, removed some of the small calculi already mentioned.

I now inserted a catheter, which passed the entrance of this pouch, and got into the bladder, and urine flowed out. The catheter was replaced by a staff, along which the knife was carried through the neck of the bladder, as there was no substance like prostate gland, and a stone of the size of a flattened plum was instantly extracted.

The first incisions into the pouch occupied about one minute; the second incision, and the extraction of the calculus, about another minute. From fifteen to twenty minutes were spent in examining this pouch.

The patient has had no bad symptom—no case of lithotomy ever went on more favourably, and this is now the tenth day from the operation.

**Remarks.**—The anomalous pouch, which rendered this case so complex, seems to me to have been nothing more than the external fibrous capsule of the left lobe of the prostate gland gradually dilated until it became as large as the bladder itself.

Crosse, in his work on Urinary Calculus, p. 34, says, "Concretions in the prostate gland, commencing in its ducts, often at a distance from their urethral orifice, even at the very bottom of a duct, go on increasing until each duct is enlarged into a pouch, rendering an escape of the concretion into the urethra impossible; the narrow orifice by which the pouch communicates with the urethra often becomes closed in consequence of inflammation and effusion of lymph; the pouch is a secreting cavity, which furnishes additional deposit; and as the concretions enlarge or multiply, the pouch enlarges in the direction where there is least resistance,

towards the lateral or posterior surface of the prostate gland."—See plates ix, fig. 1; and xi, figs. 2 and 3.

Wilson, on the Urinary Organs, at page 353, also observes, "I have met with a urinary calculus larger than a common-sized olive, in a cavity of the prostate gland, where, from the orifice which first admitted it having contracted, or the size of the calculus having enlarged, the stone could not be pressed back into the urethra, and the whole of the prostate gland had been changed into a capsule surrounding it."

I possess a preparation in my museum with cysts exterior to the urinary bladder, one of which may hold from four to five ounces. These communicate with the bladder. I have also another preparation, where the right lobe of the prostate gland forms one capsule.

I freely confess that I was not prepared for the complication just described, nor am I ashamed to confess it, since no mention is made of such an anomaly in the writings of the most eminent surgeons, if we except Crosse and Wilson, from whose works I have quoted above, but which I had not seen.

## POOR-LAW MEDICAL CONTRACTS.

STATEMENT OF PROCEEDINGS AT THE  
WHEATENHURST UNION,  
GLOUCESTERSHIRE.

*To the Editor of THE LANCET.*

SIR,—I consider it a duty which I owe to myself and my professional brethren, to forward to you what information I possess on the subject of the Poor-law Union contracts. An Union called the "Wheatenhurst Union," in the county of Gloucester, is just formed in my neighbourhood, and I am the only surgeon residing within the Union which comprises 14 parishes, containing a population of nearly 8000 inhabitants. I have attended nine out of the fourteen parishes for nearly eighteen years, and have great pleasure in stating that I am much respected by every class of persons, and what is more, I have professionally attended the poor in a manner which has given them entire satisfaction; I believe there is not a pauper in either of the parishes who would not serve me in any way he could. This of course is self-praise, but I state it simply to make you fully acquainted with my case.

When the Union was first formed, I attended, by invitation, as a parishioner, was introduced to the deputy Commissioner (Mr. Weale), and then stated to the Magi-

strates that I should offer myself as a candidate for the appointment of surgeon to the Union; and as I could not possibly fulfil the duties of the whole Union, I would divide it with a gentleman, Mr. Holbrow, surgeon, of Stourhouse, who lived within an easy distance of six of the parishes, and who had attended one of the largest parishes with credit to himself and entire satisfaction to his employers and the poor. On the evening before the day for electing the officers, I wrote to a friend and patient, a magistrate, to request he would propose me as surgeon to the Union, in conjunction with Mr. Holbrow; in answer to my note, he politely stated that he did not think I could divide the Union as I proposed, but that it would be divided into two districts on the morrow; that probably advertisements for tenders would be made in the papers, and that I had better wait and see what was done, adding, that he would take care and mention my name. In answer I begged to assure him that if such was the case, and the lowest tender was to be taken, both myself and Mr. Holbrow would decline offering ourselves.

In consequence of this, when the business came on, my friend asked if it was necessary that tenders should be advertised for, and if so, if the lowest would be accepted. The deputy immediately said that it was their usual plan; that he knew medical men objected to it, but that they always "came to." Accordingly the usual form of advertisement appeared in the county papers, and I was informed that the Union would not be divided in any other way than was announced, which was most inconvenient to us as surgeons. We therefore entered into articles of partnership, to obviate this difficulty, and then no objection could be made to the signatures to the returns.

I again wrote to my friend requesting that he would propose us as surgeons to the whole Union at a salary of 150 guineas per year, and 1*l.* for each midwifery case. There were two other tenders, the one 140*l.* for the whole, and 1*l.* for each midwifery case, the other 40*l.* for district No. 1, and half-a-guinea for each midwifery case. The gentlemen who made these offers, lived at so great a distance, that very little attention was paid to them, and I am given to understand that seventeen out of twenty of the Guardians were favourable to our election. Before, however, anything could be said, Mr. Weale got up, and stated that the salary was much higher than he could sanction, and if we were appointed, the Commissioners would not confirm our appointment; that it would be much better to have a talented young man "from the hospitals," for "what could country surgeons know?" and that the salary should be fixed at 100*l.*, including everything except midwifery, which should be fixed at 10*s.* 6*d.* per