

more immediately, empty the vessels belonging to the abdominal viscera.

46, Hanover Street, }
21st January 1818. }

IV.

Case of Lithotomy. By T. SMITH, Surgeon, Kingussie.

JUNE 7th, 1817.—MACCLOM MACPHERSON, aged 77 years, complains of severe pain in the glans penis and course of the urethra, during and after every evacuation of urine, which is accompanied with a tough slimy discharge. He has often, particularly after riding on horseback, discharged considerable quantities of blood by the urethra. His calls to make water are very frequent, but it does not appear that the stream of urine is ever suddenly interrupted, before the whole is evacuated. Frequent tenesmus. Of late his general health is much impaired; he has no appetite for food; and has not been sensible of sleeping for several nights. Pulse 80; tongue white. His bowels have been kept open by means of castor oil, after the operation of which he is relieved for a short time.

Five years ago, Mr Macpherson applied to me with similar symptoms,—I sounded him then, and ascertained the existence of stone in the bladder. By means of magnesia and rhubarb, in frequent doses, and continued for several weeks at a time, that and many succeeding paroxysms of stone were cut short, or sensibly mitigated. But the present, which has continued for about two months, has resisted every remedy, and rather increases in violence.

On sounding him now, the *concave part* of the instrument was felt and heard to strike against a stone, which appeared to be lodged in the anterior part of the bladder, inclining to the right side.

8th.—The operation of lithotomy being resolved upon, I this day performed it in the presence of Mr Grant, and extracted two small calculi, weighing 190 grains. These calculi were flattened on *both* sides, which led to the suspicion of one or more remaining behind. But after the most careful search, both by Mr Grant and myself, no other could be found.

In the course of his recovery, nothing worthy of remark occurred, except that, about eight days after the operation, the

right testicle swelled and continued so for some days; and he complained of much pain in the integuments covering an old hernia, passing through the abdominal ring of the right side into the groin. This pain was relieved by the integuments bursting, and discharging a small quantity of matter; which they had done from time to time for several years past. Before the end of the third week after the operation, the patient had so far recovered, that he went out to angle for two or three hours every day.

He remained perfectly free of any of the usual symptoms of calculus for six weeks. At the end of that time, however, he sent me word, that he had pain in making water, and that part of it still came by the wound. I ascribed these circumstances to his taking too much exercise, and advised him to keep quiet till the wound should completely heal. About the middle of August I visited him, and found the wound completely cicatrized, except a very small fistulous opening, through which a little urine occasionally came. I had him brought to Kingussie, to be under my immediate care, intending to have recourse to the proper means of curing the fistula. When he came to the village, however, he told me that he began to feel the same pain *after* making water he had done before the operation. On sounding him, another stone was discovered, lodged apparently in the same part of the bladder from which I had extracted the other two. About this time I carried Dr Robertson of Inverness, who was accidentally passing, to see my patient. He was satisfied of the existence of the stone, and remarked, as I had done before, the singularity of the circumstance, that the stone should be felt with the *concave part* of the sound. Mr Macpherson was anxious for a second operation, but this was deferred until he should recover from a swelled testicle of the right side, attended with severe pain in his loins.

September 6th.—This day I performed the operation of lithotomy upon him for the second time; and, on introducing the forceps into the bladder, laid hold of, and extracted at once, two calculi, weighing 82 and 100 grains.

9th.—Urine comes entirely by the urethra; feels quite easy. 8 P. M. patient complains of again feeling pain *after* making water. I, therefore, introduced the sound into the bladder, but for a considerable time could feel no stone. I observed, however, that when I turned the point of the sound towards the right groin, a gurgling noise proceeded from the hernia there. I desired Mr Macpherson to reduce the hernia, and keep it up until I had finished the search. The moment he did so, I felt the sound rub against a stone, and, on directing the point of

the instrument towards the groin, I could make it strike against the stone, so as to make the sound of it audible at the distance of several feet.

10th.—Had a very restless night. I brought him to the table, and having broken with my finger the tender adhesions, which already had completely united the wound, both externally and internally, I introduced the forceps, causing an assistant, at the same time, to keep the hernia in a reduced state, and extracted two calculi more, weighing 124 and 98 grains. I had some difficulty in finding the second stone with the forceps, even after I had ascertained its existence with the sound, on account of the assistants having, in the *interim*, allowed part of the hernia to slip out. When this was discovered, and remedied, I laid hold of the stone with ease, by directing the forceps to the right side of the fundus of the bladder, at about eight inches distance from the left tuberosity of the ischium.

17.—Urine comes entirely by the urethra; wound, except one small spot, healed by the first intention. I have repeatedly examined the hernia before and after the patient's making water, but could not observe that its size was affected thereby. But the following circumstance, which I discovered in the course of my attention to the subject, proves, I think, that the intestinal hernia was complicated with cystocele. At any time after he had apparently emptied his bladder of urine, when the hernia was down, he could, on pressing it up, always make about two ounces more.

The chief circumstance in this case which has induced me to request a place for it in your Journal, is, that the reduction of the hernia was necessary to the finding and extracting the two last calculi, and also to the complete evacuation of the urine, as mentioned above; a circumstance which clearly proves, if I am not mistaken, that part of the bladder was ruptured, or dragged down along with the enterocele; and that the last two, probably the whole six calculi, were lodged in the ruptured part. It has been observed, that "cystic hernia may be the cause of an intestinal one." But, in this case, I am disposed to think that the intestinal hernia was the cause of the cystic. About 18 years ago, Mr Macpherson fell upon the blunt end of a salmon spear, by which he received an injury in the part at which the hernia now protrudes. This injury was followed by an extensive abscess in that part, after opening which, it was found that he was affected with hernia. From the time that the abscess commenced, until it was opened, which was several weeks, he was constantly confined to bed, and had no affection of the urinary organ, except that the urine was small in quantity, and high

coloured. Hence, it does not seem probable that the hernia observed when the abscess was opened was cystic, since the contracted state of the bladder would necessarily prevent it from being presented to the opening in the wounded parietes. This opening is immediately above the right ramus of the os pubis, about an inch from the symphysis. The peritoneal sac of the intestinal hernia must, therefore, be close to the fundus of the bladder, where the peritonæum is attached to it. Hence, it seems more probable, that the fundus of the bladder, when in a distended state, was dragged down along with the intestine, or pressed down by the action of the abdominal muscles and diaphragm during the act of micturition. If this reasoning be correct, the following rule will arise from it.—*That, in performing the operation of lithotomy on patients who have a hernia passing through any opening close to the bladder, the hernia ought always to be kept in a reduced state at the time of searching for the stone.*

I have only to add, that these operations were performed with the scalpel, in the new manner recommended by Dr Thomson in his "Proposal."

2d February 1818.

V.

A Concise Account of the Typhus Fever, at present prevalent in Ireland, as it presented itself to the Author in one of the Towns in the North of that Country. Being the Substance of a Paper read before the Royal Physical Society of Edinburgh in November 1817. By WILLIAM L. KIDD, M.R.C.S. London, President Roy. Phys. Soc. Edinburgh, and Surgeon Royal Navy.

SIR,—As I am not aware that any of the medical gentlemen of Ireland have as yet favoured the public with any information whatever on the subject of the fever which has for several months past, and, I am sorry to say, at this moment continues to afflict many parts of that island, I have to request that you will favour me by giving the following remarks a place in your Journal; should this indulgence to me not operate to the exclusion of something else on the same subject, which might appear to you more deserving of public notice.

I do not, nor indeed can I, presume to hope, that my observations shall serve to guide the practitioner to a better treat-