**Anomalous case of lithotomy / by Professor Lizars.**

# ANOMALOUS CASE

OF

# LITHOTOMY,

BY

PROFESSOR LIZARS.

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A SURGEON attached to a large hospital has peculiar opportunities for improvement, and he fails of 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 December last, and presented the usual symptoms of stone in the urinary bladder, under which he had laboured during the last eight months. He had been 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. By these

means all irritation having been subdued, 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.

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 deposition. 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, 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 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.

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 becomes often 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. Another preparation where the right lobe of the prostate gland forms one capsule.

I confess freely 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.

JOHN LIZARS.

Edinburgh, 38, York Place,
21st January, 1836.

Statement of Mr.
regarding case of
Lithotomy
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