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ABDOMINAL NEPHRECTOMY FOR
HYDRONEPHROSIS, WITH A
REPORT OF TWO OPERA-
TIONS.*

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There can be no doubt that the past years have been progressive ones in abdominal surgery; nevertheless most practitioners who have attempted any operating in this region will have felt on many occasions, not only lack of precision in diagnosis, but grave difficulties arising during the operative procedures that become necessary in most of these cases. In studying the operative surgery of the kidney, it is interesting to observe that while fifteen or twenty years ago a large proportion of the operations were performed after an error in diagnosis, during the last few years a correct diagnosis before operation has been the rule, although many exceptions are to be noted. The difficulty, it would appear, is increased in cases of great enlargement of the organ where the patient, when seen for the first time, presents a tumor filling the whole abdomen. In the two cases of advanced hydronephrosis that I am now about to report, the making of a correct diagnosis appears to me to be singularly difficult. This is owing chiefly to the size of the

tumor and the great similarity in each to ovarian cyst. In both cases I have to admit an error in diagnosis, and in both I commenced operation on this wrong opinion. Whether a second error was committed in treatment I leave to the judgment of the Association, as there is diversity of opinion in the profession as to the operation to be performed in hydronephrosis.

Case I. Mrs. P., æt. 31, married six years and the mother of two children. Residence, Thamesford, in county of Middlesex, but a native of England. Parents living and healthy; no family history of ill-health or hereditary disease. Patient below the average in height and weight, and of pale complexion. She gives a history of fair health in childhood, but during the past fifteen years has suffered from pain in the right side beneath the liver, and before coming to Canada she attended the out-patient department of St. Bartholomew's Hospital, but got no relief from treatment. About the first week of May, 1889, she discovered an enlargement in the abdomen, which steadily increased in size.

On the 18th June, five weeks after this, she was admitted into St. Joseph's Hospital, and presented a letter from her family physician, Dr. McWilliams, who examined her and made the diagnosis of ovarian cyst. There was dullness in the median line, fluctuation resonance in the flanks. The measurement, greatest below the umbilicus; distance from umbilicus to iliac spines equal on the two sides. The tumor occupied all the abdomen from the pubes to the

*Read at the meeting of the Ontario Medical Association, June, 1891.