

hours to control the pain, the amount being gradually increased. By this time he had become thin and very anemic; his appetite was poor and bowels constipated. The tumor was very marked, and the rigidity was extending. The pain while sometimes that of renal colic, was usually a general pain through the abdomen, burning in character, and extending well over to the left side. The temperature presented an occasional rise of a degree or two; the pulse was the same as before, but somewhat weaker. During the first ten days of June, the hemorrhage continuing, his weakness increased, and his condition was rapidly becoming critical. At this time a consultation was held and we decided that operative measures presented the only sign of hope. This conclusion was communicated to him and his consent was obtained.

*Operation.*—We operated on the morning of June 13, just eight weeks after his injury. Kocher's oblique incision was made, by means of which the kidney may be exposed and, if necessary, removed. After going through the layers of muscle and fascia, instead of perirenal fat or kidney presenting in the wound, we found we had opened a large cavity, which seemed full of blood clots. On removing those most superficial, which were partly organized, we encountered a profuse and active arterial hemorrhage. At this moment the anesthetic, Dr. Weaver, stated that the pulse suddenly increased to 140. Compression controlled the hemorrhage until a number of strips of gauze were tightly packed into the cavity; at the same time strychnine and normal saline solution tided the patient over and prevented death on the table. He lived eighteen hours.

*Autopsy.*—This revealed what we considered an unusual and remarkable condition. The right kidney, entirely free in the cavity, which contained two quarts of blood clots, was broken into three pieces, retaining not the slightest connection with vein, artery or ureter. We considered that his days had been prolonged by the system of adhesions, which walled off and limited the hemorrhage, and that the gradual stretching and tension of these, as the swelling increased, created a great deal of the abdominal pain.

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**A Peculiar Case—Perhaps Neurasthenia.** WILLIAM HIMMELSBACH, M.D., San Francisco, in the *Jour. A.M.A.*

*History.*—Woman, aged thirty-five, single. When I first saw the patient, in June, 1903, her condition was that of a pronounced neurasthenic. There was mental depression, irritability alternating with apathy, pain in neck and along the spine, tremor of the hands, occasional twitching of muscles of the face, and dilated pupils.