

DR. SHEPHERD asked Dr. Gardner if it was not usual, in cases of removal of kidney by median abdominal incision, to drain through the loin. From the description given by the reading of the paper, the kidney removed appeared rather an anomalous one. All the vessels entered its upper end, and the ureter could not be distinctly made out. The tumor, if kidney, was apparently functionless.

DR. GARDNER, in reply, said that for such a tumor the abdominal incision was the best, the tumor was so movable and it could not be felt at all from the lumbar region. He was aware that some surgeons recommended draining through the loin in such cases, but he thought where the enveloping peritoneum was so loose, as in this case, and could so easily be brought to the surface and drained through the abdominal wound, the method adopted by him was preferable. He had handed the tumor over to Dr. Lafleur for examination and report.

DR. RUTTAN exhibited for Dr. deW. Smith, of British Columbia,

#### A LARGE GALL-STONE

which had been removed from the intestines after death, having produced fatal obstruction. The stone must have ulcerated through the gall-bladder into the duodenum as its size precluded the possibility of its passing successfully through the common duct. There had been no previous history of gall-stone.

DR. BLACKADER read a paper on

#### FOUR CASES OF PERITONITIS OCCURRING DURING GESTATION.

*Case I.*—Mrs. R., æt. thirty-two, in the sixth month of her third pregnancy, was suddenly seized with severe abdominal pain. She had always enjoyed good health with the exception of being the subject of constipation. She had taken some purgative medicine, and during the night was obliged to get up to attend to one of her children and got chilled; an hour later severe pains came on. When seen she was suffering

severely, her abdomen was slightly distended and tender; temperature 104°; pulse 140, small and weak. Morphia was administered hypodermatically in quarter-grain doses and hot cataplasms applied. Her pulse rapidly failed and it was soon seen that she was suffering from acute general peritonitis. The os was examined and found to be soft, closed, and with prominent neck. There did not appear to be any special contraction of the uterus. By midnight her pulse was scarcely perceptible, but afterward improved. The pains now assumed a bearing-down character, and twenty minutes after a dead fœtus was born. Vomiting of grumous matter set in and she expired in a very short time. No post-mortem was allowed.

*Case II.*—Mrs. S., æt. thirty-three, in her eighth pregnancy, had always enjoyed good health. Toward the end of the eighth month of pregnancy caught cold and suffered an attack of bronchitis causing her to be confined to her bed for a week; while recovering from this, acute parenchymatous glossitis set in, the pyrexia lasting three days. On the fourth day the swelling had almost subsided. The same afternoon Dr. B. was sent for in haste and found patient with pinched features, feeble, quick pulse, and a temperature of 103°. There was considerable tenderness over the lower part of the left abdomen, especially in left groin; there was no distention of the abdomen. Morphia was given hypodermatically. Next day she was somewhat improved and only suffered pain whilst turning to either side. In the evening a live child was born with scarcely any pain and very rapidly. Immediately after the birth her pulse was 120, and temperature 101°. Dr. George Ross was called in consultation and also Dr. Gardner. Two days after her child was born her pulse began to fail rapidly and her condition seemed most serious. Vomiting and hiccough set in, and there was great distention of the abdomen. Arrangements were made for abdominal section, but death