

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

VOL. XVIII. TORONTO, OCT., 1885. No. 2.

Original Communications.

NOTES ON THE SURGERY OF THE KIDNEY.

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N. B., æt. 32, was sent to me by Mr. Gordon Nicholls, in March, 1884. She had had for some years a dull aching pain in the region of the right kidney, and it steadily increased until a tumor could be distinctly felt. She had passed large quantities of blood in the urine and had become extremely anæmic. When I saw her the tumor was as large as a fœtal head and was clearly fluctuated. On the 22nd of March I explored the kidney and found the pelvis distended with urine; there was no suppuration. The ureter was widely distended, as far as the finger could reach. I removed the kidney, because I could not reach the calculus, which I believed to be impacted in the ureter. Very little urine was passed on the 22nd and 23rd, 14 ounces passed on the 24th, 20 ounces on the 25th, 34 ounces on the 26th, and the quantity steadily increased until, on the 15th of April, it was 46 ounces, and she left the hospital on May 1st, passing nearly 50 ounces each day. On May 12th a careful examination of the urine was made and it was found to be perfectly healthy. This patient speedily regained a healthy appearance and has remained perfectly well.

E. H., æt. 19, was operated upon by Mr. J. W. Taylor, for a ruptured kidney cyst, on August 2nd, 1883, the case being published in detail in the *Lancet*, Oct. 4th, 1884. A persistent and very troublesome urinary fistula remained, which, when any attempt was made to allow it to close, gave rise to the most complicated general symptoms; it was therefore resolved that we should remove the kidney, and this I did on November 20th, 1884. The patient made a very good recovery. On the

day of the operation only two ounces of urine were passed, but on the third day after, this increased to 25 ounces, and somewhere about this quantity was maintained until December 11th, when it rose to 32 ounces, and this quantity of secretion was sustained until the patient left the hospital on the 30th of December. The wound healed quickly and the patient regained her health. She was seen about a fortnight ago, when pus was still discharging from the wound, but otherwise she was perfectly well.

K. I., æt. 45, sent to me by Dr. Bottle with a large tumor of the right kidney, which felt perfectly solid, no fluctuation being discernible. On April 16th I proceeded to remove the kidney, and found, only after it had been dislodged from its bed to an extent of more than two-thirds of its bulk, that it consisted of a series of deep-seated abscesses. The patient died of shock, about six-and-twenty hours after the operation. In this case the mistake was made of not exploring the kidney before attempting its removal. If I had opened it and passed my finger through its hypertrophied texture towards the pelvis, I should certainly have discovered the true nature of the disease. As it was, I took it for a solid tumor.

A. V., æt. 38, came to me as a hospital patient in April of this year, with a large tumor of the right kidney. I performed nephrotomy, April 20th, 1885, opening a large number of abscesses, from which cheesy pus was discharged in large quantities. I fastened in a drainage tube, and the patient went home on the 4th of May, very much improved. Owing to unfavorable domestic circumstances, her health speedily broke down, and when next I saw her she was so exhausted and broken up that I did not see my way to advise the more serious operation of removing the kidney, which I had contemplated if her health had improved.

A. T., æt. 22, came to me as an out-patient at the hospital, in May of this year. She had been married for five years and had two children, the youngest being twenty months old. For about a year she had been conscious of a tumor on the right side of the abdomen, which could only be felt in certain positions, and which moved very freely about. It was a source of constant pain, and this pain was aggravated very greatly at the menstrual periods. On examination, I first dis-