

RESULT.—Recovery. Operation October, 1905. Patient under care of Dr. McDiarmid of Hensall.

HISTORY.—Mrs S. (about 35 years of age).—Family history somewhat tubercular. For several years suffered from severe headaches and bladder symptoms. For some time before operation the headaches were intense and there were symptoms bordering on convulsions. Temp. 100 to 104. There was vomiting and obstinate constipation. Before operation the obstruction was almost complete. A tumor could be felt just above the cecum. It was painful and tender to pressure, fixed and somewhat tympanitic on percussion. The urine contained albumin, pus, blood, bladder and kidney epithelium, casts of different kinds, uric acid and oxalate of lime. Urination was frequent and painful. At times there were symptoms of nephritic colic. The findings justified the provisional diagnosis of displaced kidney nephritis, a septic pyelitis and cystitis.

OPERATION.—A retroperitoneal incision revealed a displaced kidney, enlarged and firmly fixed. The kidney was separated from its surroundings with considerable difficulty. A dense inflammatory mass was now observed in front of the kidney, apparently involving the ascending colon. No attempt was made to interfere with it and the peritoneal cavity was not opened. The kidney was decapsulated and split, exposing the pelvis, which contained pus, a bloody grumous substance and some small calculi. The kidney was fixed by its capsule in the normal position, a drain inserted, and a drain and some packing put below it. The wound healed in about four weeks and the patient has had excellent health ever since.

REMARKS.—In this case, the findings in the urine confirmed the diagnosis. Apart from such, the mistake of opening the abdomen through the peritoneum might have been made.

The cystitis was probably kept up by a septic pyelitis and a debilitated system, for the condition improved soon after operation.

The bowels became regular, either from relief of kidney pressure or absorption of the inflammatory product, or both combined.

Jas. McKenzie of London, England, says that all the symptoms of acute abdominal obstruction may be caused by a stone in the ureter, owing to reflex spasm of the anal sphincters, causing retention of gas, abdominal distension, etc.

#### CASE III.

Intestinal obstruction from an extensive inflammatory product about the lower end of the ascending colon, which looked like a malignant growth, causing complete obstruction of the bowels, five weeks after an operation for a small cystic ovary, and the removal of catarrhal appendix.