

# The Maritime Medical News.

A MONTHLY JOURNAL OF MEDICINE AND SURGERY.

VOL. VII.

HALIFAX, N. S., NOVEMBER, 1895.

No. 11.

## Original Communications.

### ANTERIOR ABDOMINAL NEPHRECTOMY.

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(Read before Maritime Medical Association, at Halifax, 1895.)

Miss J. C., aged 51 years was admitted into the P. E. I. Hospital on May 15th last. She had a poor physique, was anaemic and emaciated. One knee was ankylosed the result of arthritis, no doubt tuberculous twenty years ago. On examination the left kidney was found enlarged to about the size of a four month's gravid uterus. The tumor caused the anterior portion of the lumbar region to project forwards noticeably, and this could be made much more prominent by pressure from behind. The patient complained of much pain in the region of the kidney. This pain also radiated upwards into the chest and downwards into the groin on the least exertion. She had been aware of the existence of the tumor for about ten years, since which it gradually enlarged, and her condition of health also steadily deteriorated. While under observation in the hospital, for ten days, her temperature

ranged from 99° 5' to normal or subnormal,—on one occasion to 96° 5'. Her pulse ranged from 80 to 96. Her urine was acid and contained no albumen, the quantity varying from 24 to 38 ozs. per diem, sp. gr. 1016 to 1025, although on one occasion it fell to 1005, the result of much mental and nervous excitement caused by the news of the sudden and unexpected death of a sister.

The operation took place on the morning of the 25th May. Chloroform was administered in preference to ether as less likely to interfere injuriously with the function of the remaining kidney. Langenbuch's incision at the outer edge of the rectus in the linea semilunaris was made. The abdominal cavity was easily reached with scarcely any loss of blood. The right kidney was examined. It was somewhat enlarged, due no doubt to compensatory hypertrophy, and a few rough nodules or cysts could be felt on its surface, but in view of the urinary tests the operation did not appear to be contra-indicated. The colon, which was lying external to the tumor, was drawn towards the median line and held there by sponges. The outer edge of the mesocolon was then divided, avoiding a few large veins traversing it. The enucleation of the mass was effected with some difficulty as far