

THE

Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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Subscription, \$3 per annum, in advance.—Address, DR. GEO. A. PETERS, 482 Yonge Street.

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TORONTO, MARCH, 1887.

Original Communications.

CONGENITAL CYST OF LEFT LOIN: OPERATION: RECOVERY.

BY WILLIAM GARDNER, M.D.,

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Montreal General Hospital.

S. M., aged 28, unmarried, was sent to me from Ottawa, on the 14th Dec., 1886, by my friend Dr. H. Beaumont Small, with the following history:—She had always had a large abdomen: her mother asserts that this was the case from infancy, but until a week previous to my first seeing her, her health had been perfect and she had always been fit for her duties as a domestic servant. The abdominal enlargement had been so marked, increasing of late, that she had often been suspected to be pregnant. Of this there was not the slightest evidence in the abdomen or genitals. Six months ago she came from England, and had been constantly at work in Ottawa as a chambermaid, till about the 8th of December, when she was suddenly seized with severe abdominal pain, rapidly increasing enlargement, chills and fever, perspirations, vomiting and loss of appetite. These symptoms had lasted for a week. When she appeared in my office she looked pale and thin, appeared to be very ill, and complained of lancinating pain in the left hypochondriac and lumbar regions; temp. $101\frac{1}{2}$, pulse 100; the tongue furred and dry. On examining the abdomen, it was found to be distended on the left side from the margins of the lower ribs

down to near the pubic bone, by a tense elastic and very sensitive tumor which extended some distance to the right of the median line. It clearly extended backwards to the loin, where the elastic fluctuation could be distinctly felt when the tumor was manipulated. Dulness on percussion existed in an area corresponding to the most prominent portion of the tumor, and also in the loin and most of the lateral areas, but resonant bowel note was most distinct in some portions.

Hymen ruptured; uterus retroflexed with a tender mass beneath it, felt through the posterior *cul de sac* of the vagina. No part of the elastic abdominal tumor could be felt by vaginal examination. Urine healthy, no bladder symptoms now or at any previous time. Menstruation always regular. The last period, two weeks ago; had ceased previous to the advent of the present symptoms. On the evening of the 15th the temperature rose to 104° ; but on the following evening it was only 100° . The diagnosis being obscure, and the condition grave and demanding prompt action, I decided to do an exploratory abdominal operation, and deal as might seem best with whatever might be found.

Operation on the 17th of December, Dr. Jas. Bell assisting; Drs. Roddick and Ross also being present. Median incision of $1\frac{1}{2}$ inches from umbilicus downwards. On getting through the peritoneum, and raising the non-adherent omentum, the transverse and descending colon and meso-colon were found projected forwards by what was now clearly seen to be a retro-