

*Branched Kidney Calculus.*—DR. JAMES BELL exhibited the specimen, which was removed from the right kidney of a man aged 36 years, who gave the following history: The first symptoms were noticed about Christmas 1890, and consisted of sharp pain about the right loin, which persisted for about ten days, and then disappeared; in about a week it returned and was followed by swelling, which was noticed in the right hypochondrium. After free purgation the swelling disappeared, but he has suffered from vomiting and dyspeptic symptoms ever since. On admission to hospital on Feb. 3rd, 1892, the patient had a distinct painful swelling in the right hypochondrium; he had also suffered from vomiting, pain and discomfort about the tumor, which was always greater when he was constipated, and was always relieved by a saline purge. After a few days' observation the tumor suddenly became much reduced in size, and coincidentally there appeared in the urine a large quantity of pus. The urine had always contained some pus, but as the patient suffered from a tight old stricture five and a half inches from the meatus, its origin had been considered doubtful. For some days the flow of pus continued and the tumor became reduced in size until it could be distinctly felt to be the kidney. No blood had ever been observed in the urine. The question arose as to whether the kidney should be operated upon at once or the stricture first treated. The latter course was decided upon, and on the 24th of February the patient was anæsthetized and the stricture cut internally on the roof of the urethra, followed by dilatation up to 30 (French), and a drainage-tube through the membranous urethra. Troublesome hemorrhage followed, but was controlled without much difficulty, and the operation was promptly recovered from. Two weeks later the kidney was opened by lumbar incision and the stone removed from the upper and posterior part of the organ. The patient has made satisfactory progress since operation, but the urine still contains a small quantity of pus, and pain is complained of at times along the course of the ureter and just over the brim of the pelvis.

*Retro-Pharyngeal tumor.*—DR. JAMES BELL gave the following report: L. H., aged 12, admitted to General Hospital 9th March, 1892, complaining of a lump on right side of neck. This was first noticed on the 11th April, 1891, and was then about the size of a hen's egg. There was no pain. No history of tooth-ache, earache or sore throat having preceded it. It has increased very slowly in size, but more rapidly, she thinks, during the last few weeks. It has never been painful, neither has there been any difficulty in swallowing. Personal and family histories negative. On the 10th March an incision was made behind and below the angle of the jaw to avoid the branches of the

facial nerve. The tumor shelled out with the greatest ease, and, with the aid of the finger of an assistant in the pharynx, was delivered without any trouble. Recovery was uninterrupted. These tumors, which are comparatively rare, are typically illustrated in this case.

DR. LAFLEUR exhibited the tumor for Dr. Bell. It was spherical, with irregular surface and a distinct capsule. On section, it is seen to be of a greyish-pink color, and is not entirely solid, there being one large distinct cavity full of fluid, and several smaller ones filled with sago like material. The cells are very small and oval, with large nuclei. In places where the tumor has degenerated the basis can be made out better; the stroma is very delicate, reticulated and branching. The tumor more closely resembles a lympho-sarcoma than anything else, but as the tumor had a definite capsule, and was so independent of the surrounding tissues, it is very doubtful if it will recur.

*Acute General Peritonitis following rupture of an Ovarian Cyst; Operation; Recovery.*—

DR. BELL gave the following clinical report:—A. F., a widow, aged 35, was admitted to hospital on the 1st of March with symptoms of acute general peritonitis. She had complained of abdominal pain for nearly two weeks, and had been confined to her bed, very ill, for four days. She had always menstruated regularly, had never been pregnant, and menstruated last about two weeks before admission. The abdomen was considerably distended, very tense, hard and tender on pressure, with an indistinct fullness in the left hypogastrium which gave a dull note on percussion. Patient lay with her knees drawn up, and complained of constant severe pain, with spasmodic exacerbations. Pulse 120; temperature 102°F. Bowels had moved several times since onset of illness. During the night the bowels moved several times, and next day the fullness in the left hypogastrium had disappeared. Examination by rectum and vagina gave no definite results. On the 4th of March, the patient's condition being desperate, the abdomen was opened in the median line below the umbilicus. As soon as the peritoneal cavity was opened a copious flow of dark, olive-colored fluid escaped. The intestines were covered with lymph and matted together, so that the coils of small intestine had to be carefully separated to allow the hand to reach the pelvis. The appendix, greatly swollen and covered with lymph, was separated from its attachments, ligatured, and removed. On examination, however, it was found to be quite normal within, and only swollen from the general inflammatory process within the abdomen. On reaching the pelvis a collapsed cyst with a large rent was felt, which, with about a pint of grumous, semi-decomposed blood-clot, filled the cavity of the pelvis. The blood-clot was removed, and the cyst, which was adherent every-