

Hospital Reports.

MOVABLE KIDNEY—NEPHRORRAPHY.

Under the care of I. H. Cameron, M.B., in the Toronto General Hospital.

J. S., æt. 22, single, teamster; admitted under the care of Dr. Cameron, in May, 1890, with the following history: In February, 1889, he was engaged carrying planks on his right shoulder. While tossing one of the planks from his shoulder he experienced a sensation as if he had sprained his right side. He felt at the time considerable pain in the shoulder, but more particularly in the right hypochondriac region and in the right chest. He continued his work and by night the pain had considerably increased.

Fourteen days after, the pain continuing, he consulted a doctor; up to this time he had continued his work with difficulty; after a fortnight's treatment he was no better. In April (two months after the sprain), he noticed for the first time a lump the size of a pigeon's egg in the right hypochondriac region at the seat of the former pain. The lump increased gradually in size for two months, and at the end of that period it had attained its present size, about that of a hen's egg. It has not grown any for the past eleven months, the pain has neither increased nor diminished in intensity.

The patient has always enjoyed good health, and has never had any serious illness; his parents are living and healthy; there is no history of consumption in the family.

STATE ON ADMISSION.

Local.—Patient states that he has a lump in the right side which pains him slightly and is somewhat tender on pressure; the pain radiates to the lumbar region and to the region of the right shoulder.

On inspecting the abdomen nothing abnormal is noticeable; there is no apparent swelling in affected area. On palpation, however, a lump the size of a duck's egg is felt at the outer margin of the right rectus muscle, below the ninth costal cartilage. It seems about $1\frac{1}{2}$ inches in width. Its lower margin, which is rounded, projects, on deep inspiration, 2 inches below costal margin. Its upper limit cannot be defined. Its consistence is hard, its surface smooth. It can be moved slightly from side to side, and can be forcibly depressed to a slight

extent, but cannot be placed in the loin. It descends 1 inch during deep inspiration and ascends during expiration. Patient states that it is more palpable during fasting than after a meal. Percussion note resonant over the tumour, note slightly higher pitched and flatter when it comes down during inspiration, and then the note is almost dull.

Present state of health, good; circulatory, respiratory, and nervous systems normal. The digestive system is slightly affected; his digestion was good before the accident, but now he has slight gastric derangement amounting merely to occasional gaseous eructations and sometimes water brash. Never any vomiting or nausea. He is also troubled with constipation. Urine normal.

Dr. Cameron diagnosed the case as movable kidney and proposed to cut down upon it in the loin and secure it there by suture.

Operation: 3 p.m., May 29th.—Chloroform administered; an oblique incision was made in the space between the last rib and the iliac crest, running for $3\frac{1}{2}$ inches parallel to the rib and its posterior extremity being over the outer border of the erector spinæ muscle. The superficial structures were divided and the muscles, latissimus dorsi and external oblique, were cut across throughout the entire length of the incision; the internal oblique and transversalis were to a slight extent cut and the outer edge of the quadratus lumborum was exposed, the deep layer of the lumbar aponeurosis was divided on a director. The hæmorrhage was checked by means of Spencer Well's forceps. The circum-renal fat was now exposed and the finger was introduced into the wound and the parts explored. The kidney was found abnormally mobile, it could readily be displaced forwards and upwards to a considerable extent and could be pressed towards the spine. Bimanual examination was made with one hand over the front of the abdomen and the finger of the other hand in the wound in the loin. On pressure exerted in front, the kidney distinctly came back to its place. On hooking the finger around the lower end of the kidney and pressing it firmly backwards into its normal position, the tumor could not be observed on pressure of the hand anteriorly, but became at once prominent when the kidney was pressed forward.