

suffering met with. This field is as wide, yes wider than that of operative surgery, for it covers a larger number of cases, and it is just here that the Americans are peculiarly strong. Emmet's last edition is very highly spoken of and rightly so, for it is unique in its honesty and thoroughness. Nothing can exceed the kindness of Prof. Gusserow and of his assistants towards medical men from abroad, and his clinic is a most popular one. To him, and to Dr. Wyder, his first assistant, as well as to Drs. Landau, and Martin I am under the greatest obligations. Prof. Schroeder was also most courteous in inviting me to his operations, and I am very appreciative of his kindness. —*Obstetric Gazette.*

## RENAL CALCULUS; NEPHRO-LITHOTOMY; CURE.

UNDER THE CARE OF MR. BERKELEY HILL.

E. R—, a woman aged forty, was admitted to the hospital on Oct. 28th, 1884. She stated that about three months previously she began to suffer from a gnawing pain in her right loin, which shot down to her right groin and knee; the pain came on suddenly, and was attended by vomiting. About a week later her urine was thick and red, but not, she thinks, due to blood. She passed urine frequently during both day and night; she never noticed any blood in it.

On admission the patient had occasional attacks of pain in her right groin and thigh; she had some tenderness in the right loin, but it was doubtful if any fulness was present there. Her urine was acid, had a specific gravity of 1080, and contained an abundant deposit of pus. She remained only three days at the hospital at that time, but she was re-admitted four months later, and then stated that during the interval the attacks of pain had been more severe. Her urine was acid; it had a specific gravity of 1010, and contained a large quantity of pus, and on one occasion was dark-brown from mixture with blood. There was a slight fulness in the right loin, and during deep inspiration the kidney could be felt, and it was rather tender. From the persistence of the symptoms and absence of others connected with the bladder, Mr. Hill concluded that there was a calculus in the right kidney; and on March 11th, 1885, he exposed the kidney in the loin and punctured it in several places with a needle, but he did not strike a calculus. He next explored the surface of the kidney thoroughly with his finger and detected a hard substance at the lower part of the organ near the hilus: towards this point, guided by the position of the tip of his finger, he passed a knife through the kidney and struck the calculus. Finding it closely embedded in thick layers of fibrous tissue, he then enlarged

the incision in the hilus of the kidney, and after freeing the calculus with a scoop, he extracted it with his finger. The wound was closed, except at the posterior part, where the drainage-tube was placed; carbolic gauze dressings were applied. During the first forty-eight hours after the operation the watery fluid, probably serous, not urinous, which drained from the wound was too great for the antiseptic dressings to retain. Notwithstanding this, the wound remained aseptic all through. About eight hours after the operation the patient passed about three ounces and a half of urine per urethram; it contained pus. Nine hours later she passed an ounce and three-quarters of urine, which contained much less pus. During the first twenty-four hours after the operation the total amount of urine passed was only twelve ounces, which contained thirty-nine grains of urea; during the next twenty-four hours twenty-seven ounces of urine, containing 106 grains of urea, were passed. The quantity of urine excreted increased day by day, until it reached forty-nine ounces, containing 364 grains of urea, during the sixth period of twenty-four hours. On the fourth day after the operation the pus entirely disappeared from the urine and remained absent for about six weeks, and then returned in slight amount. The patient had no return of the lumbar pain. She was discharged seven weeks after the operation; there was then a little pus in the urine, and the wound in the loin was almost healed. The calculus weighed 142 grains; it had an irregularly conical shape, and measured an inch across its base and along the two longest sides; the apex of the cone was smoothed off, and was represented by a flat facet, which seemed to indicate that it lay in the kidney against another calculus, but although this was carefully searched for at the time of the operation, it could not be detected. The patient was seen again on May 15th, when she was in generally good health. She said that she had felt pain in her right loin during that day for the first time; the wound had healed, and there was no fulness or tenderness there; her urine was turbid with flocculent pus.

*Remarks by Mr. BERKELEY HILL.*—The above case of nephro-lithotomy was very successful, though disappointing. It was successful in that a correct diagnosis of a renal calculus could be made on the presence of three symptoms—persistent pain in the loin, shooting thence towards the groin, the presence of pus in acid urine, and occasional slight hamaturia at the onset of the case; successful also in that the calculus was found and removed without difficulty through an incision into a healthy kidney from the loin, with the effect of removing the symptoms from which the patient suffered. But the case is also disappointing in that after the urine had been free from pus for six weeks, and the pain in the loin relieved, there should be a return of the purulent discharge. It is difficult to explain this relapse,