equal to their normal average. Although in our puerperal series the average percentage eliminated is greater in the first than in the second hour, the relative difference is not so great as is observed in non-obstetrical patients, and in several instances the figures for the second hour are higher than for the first. At the same time the total amount eliminated corresponds fairly well with Rountree and Geraghty's normal low limit, as the average was 61.0 per cent. with extremes of 48.2 and 76.9 per cent., while in six instances the readings fell within their normal limits.

Comparison of the results obtained in these two series of cases seems to indicate that several important points of difference exist in the renal activity of pregnant and puerperal women, which may be summarized as follows:

1. The average time elapsing before the appearance of the drug is shorter in the puerperium than in pregnancy, thus indicating diminished renal activity in the latter state.
2. In puerperal women the average amount of drug eliminated in the first hour is greater than in pregnant women, while in the second hour it is approximately identical in both groups.
3. The average total elimination is greater in the puerperium than in pregnancy. This is well exemplified in Table 3, which shows the results obtained in five women whose urine was examined both before and after delivery, and forcibly accentuates these points.

TABLE 3.—RESULTS OF TEST BOTH BEFORE AND AFTER DELIVERY

Obst. No.	—PREGNANCY—		Total Percent- age.	—PUERPERIUM—		Total Percent- age.
	First Hour Percent- age.	Second Hour Percent- age.		First Hour Percent- age.	Second Hour Percent- age.	
4485	39.0	18.5	57.5	49.6	27.3	76.9
4497	24.3	32.2	56.5	20.2	35.2	55.4
4441	25.2	24.3	49.5	27.1	30.3	57.4
4489	12.7	23.3	36.0	51.7	11.1	62.8
4498	32.6	27.0	59.6	29.5	25.0	54.5
Average....	26.70	25.06	51.82	35.62	25.78	61.4

Notwithstanding the small number of cases studied, we consider that our findings show that pregnant and puerperal women react so differently to the phenolsulphonephthalein test, as compared with other non-pregnant individuals, as to indicate the existence of some radical change in the functional activity of the kidneys in the former. This being the case, great caution should be exercised in drawing conclusions from this test in toxic conditions. We regret that we are unable to make definite statements in this regard. Unfortunately, neither of us, for the present at least, will be able to continue the work; but at the same time we feel that the results already obtained are sufficiently interesting to justify publication.

CONCLUSIONS

As the result of our investigations we feel that the following conclusions may be tentatively drawn:

1. Normal obstetrical patients eliminate phenolsulphonephthalein more slowly than normal non-pregnant individuals. Whether this is connected with the ordinary changes in metabolism observed at that time or is due to some other factor, we are at present unable to state.
2. In the last month of normal pregnancy the power to eliminate this drug may be very low, and falls far below the limits set for non-pregnant individuals.
3. Until more extensive observations are at hand we feel that this test should be applied with great caution in toxic cases, although it is possible that further study will show that it may afford valuable diagnostic and prognostic information.

OBSTRUCTION OF BOWEL—DIETL'S CRISIS

REXWALD BROWN, M.D.

SANTA BARBARA, CALIF.

Patient.—Early Dec. 14, 1909, I was called to see Mrs. H. W. B. During the previous evening she had been stricken with intense abdominal pain, of sudden onset, the pain continuing with increasingly severe crampy exacerbations at intervals until I saw her. She had vomited twice within six hours.

Examination.—This revealed an extremely tender lump to the right of umbilicus. It was hard and seemed about the size of a tangerine orange. The patient said that the lump had appeared within the last two hours, and she was positive such condition had never existed before. The right rectus was very rigid and the right lumbar region was also on guard and sensitive. Bowels had moved previous to onset of pain, but not since. Pulse was 106, and weak volume; temperature 98.8 F. There were no urinary symptoms. The patient was frail, and had been a partial invalid for many years, suffering from a chronic phthisis pulmonalis. She had been under care of various physicians for abdominal and pelvic ailments, which at operation was found to be a general enteroptosis. The patient was hurried to Cottage Hospital and operation performed at once.

Operation.—Incision was made through the right rectus muscle. On entering the abdominal cavity the right kidney, much enlarged and highly congested, presented through the opening. The kidney was displaced downward, rotated on a longitudinal axis through the mesonephron—the upper pole lay not far from the umbilicus—and was firmly bound along its whole length by old organic adhesions to the ascending colon and hepatic flexure. The ascending colon, proximal to the hepatic flexure, was greatly distended and bluish black in color; the circulation was poor. The hepatic flexure was dragged on, stretched, compressed, rotated and angulated, producing a mechanical obstruction of the bowel. The adhesions between the kidney and the hepatic flexure were severed, the obstruction was relieved and the kidney forced back as high as possible toward its normal bed. The patient's condition on the table was not good, and no attempt was made to anchor the kidney.

Postoperative History.—Convalescence was stormy; an immediate bronchopneumonia developed, and within two or three days appeared the phenomena of general septic invasion, chills, rapid pulse, and alternating high and subnormal temperature. Life was in the balance for two weeks and then convalescence ensued. Patient died five months later from the phthisis, there being no abdominal symptoms in the interval.

Strangulation ileus due to bands of adhesions is not a rare condition; however, in a short search of the available literature I am unable to find a case in which the twisting of a kidney pedicle—Dietl's crisis—has been a factor in causing adhesions to close bowel lumen and blood-current.

905 State Street.

AN EXTRACEREBELLAR TUMOR

EDWARD L. MOORHEAD, A.M., M.D.

CHICAGO

Extracerebellar tumors lie in the cerebello-pontine recess. They apparently arise from the acoustic nerve; usually grow slowly and it may be years before symptoms, produced by pressure on the lateral lobe of cerebellum and pons, to which they are adherent, appear.

This case was referred to me May 23, 1910:

History.—Mr. R. W., aged 58, married, a car-repairer, born in Switzerland, had lived in America thirty years. His health had always been good. There was no specific history. Two years ago he had a discharge from the right ear which continued for about two weeks. He began to complain of deafness in the left ear about three years ago. Two years ago, he was