having suddenly vanished, the lips of the abdominal incision were drawn apart more freely, which brought to view the margin of the right lobe of the liver and a normal gall-bladder in its normal position.

Further examination showed the tumor to be the right kidney distended by several calculi of different shapes and sizes. The organ itself was twisted by being turned upon its vertical axis from behind forward and to the left, and upon its horizontal axis from above downward and from behind forward, so that the dorsal surface and the upper end presented at the anterior abdominal wall.

It was now at once decided to remove the kidney, a superficial examination indicating the existence of a kidney on the left side. The pedicle of the tumor, consisting of ureter, artery and vein, was ligated *en masse* with a silk cord, the kidney cut off, the abdominal incision closed with sutures and dressed. The patient was put to bed, and after half an hour came out from under the influence of the anæsthetic and inquired of the nurse about the particulars of the operation. She gave no evidence of pain or suffering, and assumed her usual air of indifference to her surroundings which, according to the statement of her niece, was her peculiarity. Three hours after the operation the bladder was catheterized, but no urine obtained. Catheterization was repeated at intervals of six hours during the two succeeding days with a like result. The temperature at 8 o'clock P. M., six hours after the operation, was 101° F., falling to 99° on the following morning, gradually rising to 103° towards evening, and falling in the same manner to 100° on the morning of July 28. She slept for a few hours during the night after the operation, and after a small dose of morphia; took moderate amounts of nourishment and some stimulants. About noon of the third day began to complain of soreness all over the body, became irritable and restless, but continued to take milk and whisky. She passed no urine up to the time of her death, which occurred at 6:20 P.M., fifty-four hours after the operation, caused by suppression of urine. A post-mortem examination was not held.

The removed kidney with the calculi weighed fourteen and a half ounces, and is among the pathological specimens which Dr. Keen presents this evening.

In submitting the case for discussion and criticism of the society, without explanations in justification of the course of which I have pursued, I am adding one to the great number of recorded and unrecorded cases of movable kidney, the removal of which has been attempted or accomplished in the belief that the tumor was ovarian, uterine, splenic, or belonging to any of the abdominal or pelvic organs.

A CASE OF LAPAROTOMY FOR EXTRA-UTERINE PREGNANCY.

A Paper read at the Allegheny County Medical Society, March 19, 1889.

BY X. O. WERDER, M.D.,
OF PITTSBURGH, PA.

At the November meeting of this Society I reported a case of extra-uterine pregnancy in which I had performed abdominal section with a successful result. To-day I present the specimen of my second case of tubal pregnancy, removed by laparotomy, on February 14th, of this year.

The history of this case is, briefly, as follows:

Mrs. M., 27 years of age, married, two children, the youngest 16 months old, has been suffering with periodical attacks of severe abdominal pains for almost a year, for which she several times required medical treatment. During the five or six weeks preceding the operation these attacks increased in frequency and severity, making her unfit to do her ordinary household duties. Walking almost always produced a great deal of suffering. On January 26th, of this year, I was consulted for one of these attacks of pain, which was referred to the pelvic region, principally the left side. Making a vaginal examination, I found the uterus enlarged to the size almost of a two months' pregnancy, and to the left of this, in the region of the left tube, a soft, extremely tender mass, which was slightly movable. A careful bimanual examination could not be made on account of the very great sensitiveness of these parts. She had menstruated regularly every four weeks during the last eight or nine months, and was at this time still nursing her baby. At the two subsequent examinations I found no change in her condition, except, perhaps, that this tumor was slightly larger than before. The diagnosis was not quite clear, but I was inclined to the opinion that it was either a hydrosalpinx, or a pyosalpinx, more probably the latter. As her suffering at times had almost become unbearable, I advised laparotomy, to which she readily consented, but the operation was deferred until after her next menstrual period, which was now very close at hand. Menses lasted five days, and presented nothing unusual. In the afternoon of the 13th of February, the day preceding the operation, she came to my office in a carriage, from her home, for the purpose of going to Mercy Hospital. On examination I found her condition unchanged; the mass, however, seemed now decidedly larger. The riding on the rough country road from her home did not seem to have caused her as much suffering as expected, and she was cheerful and feeling better than for several days previously. But on her way to the hospital the pains returned in unusual severity, and she arrived there faint and nearly collapsed. Several hypodermic injections of morphia made

her more comfortable, but she continued very sick and sore all night. On my morning visit, before the operation, she looked very pale, and was very feeble, still suffering considerable pain. Vaginal examination was not made.

On opening the peritoneal cavity dark blood escaped from the wound, and the abdomen was found containing a considerable quantity of blood, liquid and coagulated. In reaching down for the sac, on the left of the uterus, I felt a small rent in it, probably $\frac{1}{2}$ inch long, which, however, in trying to bring it to the surface, was enlarged, so that all its contents escaped into the abdominal cavity. The bleeding was now very free, the blood being bright red, and easily distinguishable from the old dark blood already contained in the abdomen. The sac was now tied off, and the clots contained within the pelvic cavity turned out. After washing out the abdomen with hot distilled water it was closed, leaving, however, a glass drainage tube. Blood continued to discharge from this tube for three days, when it was removed.

The patient rallied very nicely from the operation, and made an uninterrupted recovery, her temperature and pulse remaining perfectly normal after the fourth day. She left the hospital on the 21st day, and is now in good health.

Rupture of the tube must have taken place on her way to or at the hospital, probably as a consequence of the jolting of the carriage. This evidently was the cause of the faintness and slight collapse after her arrival at the hospital the evening before the operation.

Comparing the histories of the two cases operated on by me, we find the first case an almost typical one of ectopic pregnancy, and one of comparatively easy diagnosis to one at all familiar with this interesting anomaly, while the second case is as atypical as possible, in which I claim a diagnosis to have been entirely impossible, for there was not the slightest reason to even suspect a pregnancy, as the patient had been menstruating regularly, her last catamenial period terminating just a few days before the operation, and she was still nursing her baby at the time she came under observation.

This case illustrates again the great difficulties in diagnosing extra-uterine pregnancy, and I cannot agree with Hanks, when he states that the diagnosis can be made in at least 95 per cent. of cases. The case also demonstrates that this interesting affection is by no means such a very rare condition as some seem to suppose, as this is the second case occurring in my own practice within the period of four months. That this was a case of tubal pregnancy there could be very little doubt, but in order to be perfectly certain I sent the specimen to Dr. Wm. H. Welch, of Johns Hopkins University, Baltimore, for examination, and he verified the diagnosis. The specimen, he

states, consists of an ovary, part of a Fallopian tube, the intervening broad ligament, the foetal membrane and a placenta with umbilical cord.

REPORTS FROM HOSPITALS.

SURGICAL CLINICS AT THE WESTERN PENNSYLVANIA HOSPITAL BEFORE THE STUDENTS OF THE WESTERN PENNSYLVANIA MEDICAL COLLEGE.

BY PROFESSOR J. B. MURDOCH,

SURGEON TO THE WESTERN PENNSYLVANIA HOSPITAL AND PROFESSOR OF CLINICAL SURGERY IN THE WESTERN PENNSYLVANIA MEDICAL COLLEGE.

[Reported by WILL. N. PRINGLE, M.D., a member of the Graduating Class.]

November 24, 1888.

As we are now studying the subject of fractures I embrace every opportunity to illustrate the different fractures of the bones of the human body to you.

FRACTURE OF THE LEFT LEG AND RIGHT THIGH.

The man we show you now is a railroad employé; yesterday while standing on a carload of gravel that was being pushed ahead of the engine, he suddenly became aware that the car was off the track; he signaled the engineer and endeavored to get the train stopped, but before he could do so the car went over an embankment, throwing him and the dirt down the hill. Just before going over the bank, however, he jumped, alighting on his toes, he says. He has sustained a fracture of the left leg and right thigh, and has a wound over the right patella. Whether he received these injuries from jumping, or from being thrown, he does not know; they were at all events probably caused by indirect violence. As he lies before you the first thing you will notice is that his right leg is everted. You also see some swelling. By measuring I find a little shortening of the right leg. He is unable to raise his heel from the table, and as I manipulate the limb I find a false point of motion about the middle of the thigh, so we have nearly all the symptoms of fracture of femur in history of the accident, deformity, swelling, pain, loss of function, false point of motion, but we have no crepitus. This is absent, possibly because the ends of the bone have overlapped or slipped past each other. This is often the case. We have abundant symptoms, however, on which to base a diagnosis of fracture, even if we do not elicit crepitus. We have made strong extension, but failed to bring the two ends together, but for all that it does not follow that they cannot be brought together, for although we may have ap-