atypical operation which probably would better have been done by the flap method with which the author at the time was not entirely familiar, but the result has been satisfactory.

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Clinical Department.

TORSION OF THE FALLOPIAN TUBE.

By SAM S. DEARBORN, M.D., F.A.C.S., NASHUA, N. H.

THE following case may be of interest because of its comparative rarity.

Mrs. C., aged 50, married twice, no children, no miscarriages. A vigorous, active woman.

Previous history: Nothing unusual except at intervals of a few weeks or months moderate pains in lumbar region and both sides of pelvis lasting for a short time with complete absence in the intervals. Appetite, digestion, and bowels normal. Catamenia every three and a half to four weeks. Five years ago, excessive in amount; of late years normal, both as regards pain and amount of flow. Slight leucorrhoea.

September 8, after working in her garden, which necessitated stooping over, was taken with rather severe pain in right loin. Examination revealed marked tenderness in region of right kidney, the lower portion of which was palpable and freely movable. Pulse, temp. and urine normal.

September 9. Pain now in the region of McBurney's point and tenderness over the same area. No spasm, distention or rigidity. Vaginal examination showed an apparently normal uterus. Slight feeling of indefinite resistance in both fornices. Pulse and temp. normal.

September 10. Pain at intervals, not constant, but more severe through whole lower ab-

domen. Tender over both Morris' and McBurney's points. Increased resistance to abdominal palpation, although no absolute rigidity of the recti: moderate distention. Nurse reports a slight "show" of blood from the vagina during previous night. Vaginal examination revealed a tender mass behind cervix. Both fornices less tender but somewhat resistant. Examination not very satisfactory because of fat abdominal wall, distention and general tenderness. Pulse, 90; temp., 100.6. Bowels have moved freely. No nausea or vomiting.

Diagnosis: Probably appendicitis with salpingitis and less probable, extrauterine pregnancy. Operation advised and accepted.

The right tube was found to be enlarged to twice its normal size, twisted once and a half on itself, black as gangrenous intestine; the fimbriated end lying behind the uterus just above the junction with the cervix: the right ovary was the size of a plum, somewhat darker than normal, and contained several small cysts. The left tube was enlarged to three times its normal size, slightly injected in appearance and filled with a pale, straw colored fluid. The appendix was enlarged, convoluted, its vessels deeply injected, and it contained a concretion in the tip. Tubes, ovaries and appendix removed. Uterus was allowed to remain because of the patient's condition. Convalescence uneventful.

Society Report.

PROCEEDINGS OF THE NEW ENGLAND BRANCH OF THE AMERICAN UROLOGICAL ASSOCIATION, MAY 19, 1920

THE New England Branch of the American Urological Association met in the parlors of the Hope Club, Providence, Wednesday, May 19, 1920, at 8.35 P.M. Dr. O'Neil presided. After the regular routine business, patients were presented and discussions were had as follows:

DR. GEO. A. MATTESON: This case is one of hypernephroma presenting several unusual features, of which the most interesting are: first, that the secondary metastatic development in the right iliac bone preceded the recognition of renal tumor or any urinary symptoms; and, second, the high degree of arterial vascularity, giving the tumor the characteristic of aneurism, namely, marked expansile pulsation and a loud systolic bruit.