

made at the outer border of the erector spina from the last rib, curving downward and outward to the iliac crest. The capsule of the kidney was easily reached, on scraping through which the kidney presented as an elastic, fluctuating tumor, surrounded by a large quantity of thick, turbid pus, to which exit was given. The kidney structure was found much diseased, owing to the pressure of numerous small abscesses; the organ was, therefore, separated from its capsule and removed, the pedicle being ligatured with prepared silk and then cut across. No hæmorrhage occurred. A large drain was inserted to the bottom of the wound and wire sutures used. Antiseptic dressings were applied. No complications occurred during the process toward convalescence. The patient was discharged cured seven weeks after the operation, and a year afterward she still continued in good health. The appearance of the kidney after removal was that of extreme pyonephrosis — *Medical Press and Circular*, August, 15, 1888.

H. PERCY DUNN (London).

**IV. Passage of Gas and Feces Through the Urethra ; Colotomy ; Recovery.** By H. CRIPPS (London). The patient, a man, æt. 30, first noticed pain in the hypogastric region about 10 months before admission, the pains being only felt during the time of the passage of a motion. Some months previously blood and slime were passed with the motions. At time of admission patient required to pass urine nearly every quarter of an hour, and after the urine ceases to flow flatus often escapes with considerable noise. Urine is turbid with distinct fæcal odor. The motions are semi-solid, but no urine flows out of the rectum. Nothing definite could be felt either through the abdominal wall or in the rectum. For some weeks the patient was kept in bed on a milk diet, but no improvement following, it was decided to explore abdomen and open the bowel above the site of communication.

The section was made in the left inguinal region, and with the finger a firm mass, suggestive of malignant disease, was discovered, binding the sigmoid flexure to the bladder. The bowel was traced upward from this, and a loop of the lower part of the descending colon drawn

out and carefully united to the parietal peritoneum and skin. The bowel was opened on the fourth day. The wound healed rapidly and the patient left the hospital in a month. Neither air nor fæces passed into the bladder from the time of opening the bowel; the urine became clear; the cystitis disappeared, and when last seen, three months later, the patient still continued well.

In some remarks which the author appends, attention is drawn to the comparative rarity of the cases similar to the one under discussion, and the advantages to be derived from colotomy performed in the inguinal region. Should, however, the fistulous communication be between the bladder and small intestine, the operation would be worse than useless.—*Lancet*, Oct., 6, 1888.

H. PERCY DUNN (London).

#### GYNÆOLOGICAL.

**I. Traumatic Lesions of External Genitals During Pregnancy.** By Dr. AFANASY G. BORIAKOVSKY (Kiev). A strong and healthy peasant woman, æt. 18, in the seventh month of her first pregnancy, when carrying a heavy load of wood along some scaffolding about the second story of her house, slipped and fell astride on a wooden balustrade below. A formidable hæmorrhage followed. When admitted, shortly after the accident, to Professor G. E. Rein's clinic, she was suffering from acute anæmia of a high degree. On examination, under chloroform, there was found a triangular contused and lacerated, "sponge-like," profusely-bleeding wound of a dark, livid color, occupying the urethral and vestibular regions; there was present, besides, a deep transverse laceration of the minor labia, especially the left one, and an extensive separation of all soft tissues from the subjacent anterior surface of the pubes. In spite of all efforts, the urethral orifice could not be found, either on the present occasion or on another examination undertaken on the next day. Neither could the woman pass her urine, notwithstanding a strong desire. During 14 hours which passed between the two examinations, hæmorrhage was controlled by means of an iodoform plug, fixed by a T bandage. On removing the dressing, the wound began profusely to bleed again. In