

Selected Papers.

CASE OF CALCULUS SUCCESSFULLY REMOVED FROM A CAVITY IN THE KIDNEY.

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MR. S., æt. 42, recommended by Dr. James Forrest, of Stirling, came to my house on the 9th of April, 1869, on account of a small fistula in his left loin. The patient gave me the following history of his case: One year ago he felt, for the first time, a slight pain in his left loin, which occasionally passed down into his abdomen; was never severe, and was usually relieved by rubbing the part with a little laudanum. A few months after the first pain a swelling formed in his left loin, and was opened by Dr. Forrest, with the result of giving exit to several ounces of healthy-looking pus. The wound remained open, and continued to discharge pus, but he suffered no inconvenience, and only had an occasional slight pain in the loins. There were never any urinary symptoms, nor was there at any time any blood, mucus or pus in his urine. No urine ever passed through the fistula. Three months after the abscess was opened a small calculus, of a triangular shape, passed through the wound, and a few days after Dr. Forrest removed some small gritty particles from the margins of the sinus. One month after this the wound had healed, but required again to be opened, and some more portions of soft calculous matter were extracted. After this the wound contracted very much, and no more calculi passed; but as the sinus still remained open, at the end of several months my advice was asked on the case.

An examination of the patient showed a small sinus, with a depressed orifice, situated in the left loin, about three inches from the spines of the vertebræ, and immediately below the last rib. There was no swelling or enlargement of the surrounding parts, and no tenderness on pressure. A fine probe, introduced into the sinus, passed down for a depth of three inches, and after a little search its point struck a hard body, which was, without doubt, a stone. Being anxious to ascertain more surely the size and position of the calculus, I proposed to the patient to enlarge the sinus, in order to get my finger introduced. He at once consented, so, having freely incised its superfi-

cial margins, I was enabled to get the point of my finger into the sinus, and then, partly by dilatation and partly by cutting, I succeeded in touching the stone, but not until the entire length of my finger had been passed into the wound. The stone lay in a cavity, which appeared to communicate with the sinus by a limited opening, as a considerable portion of the stone was felt to be covered by a soft membranous substance. From the depth of its situation, and from the feel of the surrounding parts, I felt very certain that the stone was lying in a cyst or cavity of the kidney itself. Having proceeded so far, I determined to extract the stone, and accordingly enlarged the wound freely, carefully cutting the deeper portions with a probe-pointed bistoury. A pair of dressing forceps was then introduced, and the stone readily seized, but it seemed to be caught at one or two points, and would not leave its cavity. After one or two attempts, however, I managed to lay hold of the stone obliquely, and to draw it out. The patient, who had complained of great pain in the abdomen while I was touching the deeper part of the wound, bore the operation with great fortitude, and after a few minutes went to a friend's house in a cab. Next day he returned home to Stirling, and, although he was feverish and suffered from pain in the abdomen for a few days, he made a good recovery, and was soon back again to his employment as a photographer. Two days ago (June 1st), I received a letter from my patient to tell me that he had been at his work regularly for the last three weeks, and that the wound was rapidly closing. He has no pain or uneasiness of any kind now.

The stone removed is represented of natural size [wood-cut omitted.—Ed.]; it weighed seventy-two grains, was of an elongated shape, and had two branches or processes at one end, and a third process springing from its body. Its length was one and a half inches, and its diameter at the thickest portion was a little more than half an inch. Externally the stone was white in color, but here and there a brown hue showed itself through the external layer of phosphates. A section showed a nucleus the size of a small pea, of a dark brown, almost black color. Outside this the color was a lighter brown, and the structure was arranged irregularly and in many lines. Here and there the section showed distinctly an outer thin layer of phosphates. Dr. Arthur Gamgee was good enough to analyze

the stone for me, and the following is his report:—

<i>Constituents in 100 parts.</i>	
Phosphate of calcium, magnesia and ammonium	14.20
Oxalate of calcium	73.35
Organic matter and moisture	12.45

100.00

Remarks.—This case is an interesting example of one of the results which occasionally follow the formation and lodgment of a calculus in the kidney. From the composition, shape, and situation of the stone, there is little doubt that it had formed in the kidney, and had given rise to changes in the structure of that organ, such as have been described by Sir B. Brodie,* Prout,† Rayer,‡ Johnson,§ and other authors, and to the abscess and consequent fistula.

Abscesses forming in connection with renal calculi have given rise to fistulous openings in other situations than the loins. Rayer,|| referring to renal fistulæ, says:—“These fistulæ, caused in most cases by the presence of one or more stones in the pelvis or ureter, may open into the cellular tissue external to the peritoneum, into the external lumbar region or near the crural arch, into the colon or duodenum, into the cavity of the peritoneum, or, lastly, into the pleura or lung corresponding to the affected kidney.”

When Demonstrator of Anatomy in the University, in the year 1864, my attention was directed to a male subject, about fifty years of age, which had several small fistulous openings in the right loin. These fistulæ passed down in the direction of the right kidney, and small portions of the last two ribs had been absorbed. The right kidney was found to be hollowed into a cyst, and in it lay the calculus. I could obtain no history of this case, but feel sure that the stone could have been removed with safety during life.—*Medical Press and Circular.*

THE OXALATE OF CERIUM IN DYSPEPTIC VOMITING.

By S. A. Lucas, L.R.C.P. & S. Edin., Kirkdale, Liverpool.

I FULLY agree with Dr. Curran as to the beneficial effects of the oxalate of cerium in the nausea of pregnancy. I have employed it for vomiting from various causes, with good effect. I have had a case lately of dyspeptic vomiting, where its tonic and

sedative effects were well marked. The patient, a married lady, had been attended by a doctor for two months, suffering from severe vomiting many times in the day. The doctor tried many remedies—bismuth, chlor. potass., lime-water, creasote, hydrocyanic acid, &c.—without giving relief to the patient; he gave the case up. I was sent for, and found the lady suffering from facial neuralgia, as well as the vomiting. I prescribed a liniment to be applied to the face (equal parts of lin. chloroformi and lin. belladonnæ), and put her at once upon—

R Cerii oxal., gr. xxxvj.

Ext. hyos., gr. xxiv.

Div. in pil. xij. ; cap. j. ter in die.

For two days afterward she had no vomiting; on the third day she vomited once, which I believe due to her having eaten potatoes (quite against my prescribed regimen). I made her go out for a short walk every day, and by the end of the week vomiting and neuralgia had disappeared, and her health rapidly returned.

It may be seen from this that the oxalate of cerium in its maximum dose (gr. iij.) effected a cure where all other well-known remedies failed; and I hope the profession will give an extended trial to a drug that has not received the attention it merits since its introduction by Professor Simpson.—*Ibid.*

Bibliographical Notices.

*Report of the Trial of Samuel M. Andrews, Indicted for the Murder of Cornelius Holmes, * * * including the Rulings of the Court upon many Questions of Law, and a full Statement of Authorities upon the Subject of Transitory Insanity.* By CHARLES G. DAVIS, of Counsel for the Prisoner. New York: Hurd and Houghton. 1869.

THIS handsomely and quite correctly printed pamphlet of 288 pages is published because the trial was of such great public interest and legal importance. The report is quite full, especially of the arguments, and though the version given of the testimony is that of the defence, and it is possible that revision has given strength to portions of it, it is undoubtedly in the main accurate and fair. This trial has much interest for the medical profession by reason of the questions involved, and the testimony introduced.

Cornelius Holmes was a man of large

* Lectures on Diseases of the Urinary Organs.
† On the Nature and Treatment of Stomach and Urinary Diseases.
‡ *Maladies des Reins.* § Johnson on the Kidney.
|| Loc. cit., page 275.