

symptom is absent, and the stomach seems to be the organ chiefly affected.

My object in bringing these few remarks on this interesting but obscure subject will be attained, if I can elicit the opinions of some of my medical brethren, and obtain from them information both on its pathology and treatment.

---

ARTICLE VI.—*Extirpation of a Kidney in Man.* Preliminary Communication by PROFESSOR G. SIMON (of Heidelberg), 10th April 1870.

[We are glad to be able to place before our readers the first authentic account which has appeared in Britain of the highly interesting case of nephrotomy, by Professor Simon of Heidelberg. It is a translation from an article by that eminent surgeon in the *Deutsche Klinik* of last month, and has been communicated by the Baron Paul von Seydewitz, M.D., etc.]

In some English and French journals I find communications regarding the extirpation of a human kidney which I performed in August last at the surgical clinique of Heidelberg. These communications are due to medical men who, on their journey through Heidelberg, have seen and examined the patient. As, however, the said communications contain several inexact and erroneous statements, and as the publication of a full description of the case may most likely not take place for some time, I may as well now give the following short abstract. I feel the more justified in so doing, as a sufficiently long space of time has elapsed since the operation, to enable us to judge fully of its results.

Our patient (a labourer's wife, æt. 46) was operated upon by Dr Walther of Offenbach, on account of a cystoid tumour of the ovary, one year and a half previous to her admission into the Heidelberg Surgical Clinique.

After the abdominal incision was made, it was discovered that the ovarian tumour was so intimately connected with the very enlarged uterus, that that organ had to be removed at the same time as the degenerated ovary—*i.e.*, that ovariectomy had to be combined with hysterotomy. But the ovarian tumour was not alone connected with the uterus, but also with the left ureter; so that, at the removal, the ureter was severed in its whole circumference.

The patient recovered, but an abdominal-uretral fistula remained, through which all the urine which was produced by the left kidney involuntarily escaped. I attempted to cure this intolerable state by trying to make a communication between the ureter and the bladder, and by a subsequent occlusion of the abnormal passage,

which opened through the abdominal walls and into the vagina. But after many unsuccessful attempts, during which even the life of the patient was several times at stake, we had ultimately to give up this plan of cure. Attempts to produce artificial occlusion of the ureter (and by that means obliteration of the kidney) had also to be abandoned on account of very dangerous symptoms, which made a favourable result most doubtful.

Ultimately I contemplated extirpation of the kidney. By perusing the literature of the day, by experimenting on dogs, by anatomical researches, and by comparing this operation with other somewhat similar operations which had been introduced into surgery, I had convinced myself that, in our case, nephrotomy was not only justified but even indicated. Consequently, I performed extra-peritoneal nephrotomy in presence of a great number of medical practitioners and students, after having stated the reasons which, in my opinion, urged me to perform the operation. The patient stood the operation pretty well, and, after six weeks, was so far advanced towards recovery that she could leave her bed. The ligatures of the pedicle did not show any sign of detachment, so I did not try to remove them forcibly, because there was increased suppuration and pain whenever strong traction was made. After six months the ligatures came away with comparatively slight traction. Two days afterwards, the sinus in which they were embedded was closed, and thus the whole wound was cicatrized.

After the ovario-hysterotomy there remained a contraction of the muscles of the calf of the right leg, which took a long time to cure. The patient, whose health, as may well be imagined, had been seriously impaired in consequence of all the operations which she had undergone within three years, is now in a most satisfactory state of health. She is engaged all day in needlework, and sometimes takes long walks in the environs of Heidelberg. The reason that she has not been long ago discharged is, that we wished to have her as long as possible under observation, and because we knew that she must, on going home, return to very reduced circumstances.

These are the chief points of our operation, which hitherto has not been attempted in man. In a pamphlet on the case, which will be published in a couple of months, I shall enlarge on the admissibility of nephrotomy in my case; then I shall give the history of the case, and describe the operation, and shall discuss the bearing of my case on the operative treatment of some diseases of the kidney; concluding with observations at the bedside, and the relation of the experiments on animals, which I have deemed necessary for the decision of some physiological and pathological questions no less interesting than important.

---