one kidney is, I think, remarkable, especially from what one knows of the effect of a “kidney shot” on animals. It is also difficult to understand how the kidney could have been torn at all, without fracture of ribs, from a blow placed as this one was. From the very transitory bruising of the skin, absence of fracture of the rib, and a small amount of ecchymosis in the intercostal spaces, one gathered that the blow could hardly have been given by the animal with its full force.

Mr. A. E. Barker was kind enough to send the following reply to my request for his explanation of the injury to the kidney: “Such cases of injury to the kidney by a blow on the lower ribs are not unknown, even where the ribs are unbroken. I suppose the explanation is, that the ribs are resilient enough to yield to the force applied, and catch the kidney against the spine, so crushing it. I have seen a post mortem on such a case, where the wheel of a waggon passed right across the abdomen, over the lower ribs, completely crushing the upper one-third of the right kidney, and bruising the jejunum to such an extent as to cause a bad stricture; the man recovered, and without operation. He lived six years, dying as the result of the stricture of the jejunum. The upper one-third of the right kidney had been completely pulped and was only represented by scar tissue. Such cases offer great difficulties for the surgeon.”

Mr. Barker’s case is extremely interesting, but is hardly quite a parallel one to the case I have reported above. It would be very interesting to hear if any member of our Corps has ever met with a precisely similar case.

### INTRAPERITONEAL HÆMORRHAGE FROM A RUPTURED TUBAL PREGNANCY.

By Captain A. E. Weld.
Royal Army Medical Corps.

That a case of internal haemorrhage from a ruptured Fallopian tube is not quite an every-day affair, must be my apology for asking you to record this case.

**Past History.**—Mrs. B., aged 34, had been married fourteen years. She was a multipara, and had had three children. The first child was born one year, the second four years, and the third thirteen years after marriage. She had had no miscarriages. There was trouble after each confinement, especially after the last one, which was followed by some sapaemia, as she stated that “the discharges were offensive, she had attacks of fever, and was in bed for a month in a Dublin hospital.” She had never felt well since.

**Present Illness.**—She had never suspected that she was pregnant, as she had, she maintained, been “unwell” every month since her last confinement, sixteen months before. Close questioning, however, elicited
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the facts that the period two months before had been delayed in its onset, and that the one a month previous had also been delayed some days, and only lasted one day, and was accompanied by pain in the left iliac region. Twenty-one days after this so-called period, the pain in the left iliac region suddenly became agonising, and she was admitted into the Military Families' Hospital, Curragh, with the signs and symptoms of severe shock and internal haemorrhage. A diagnosis of haemorrhage from a ruptured left Fallopian tube was made, and laparotomy performed as soon as possible.

On opening the peritoneum blood welled out. The pelvis was at once explored, and a ruptured left Fallopian tube found, clamped, ligatured and removed. Handfuls of blood-clot were removed from the pelvis and peritoneum. As the general condition was very bad, 3 to 4 pints of hot saline were left in the peritoneum, and the wound was closed. At the end of the operation the pulse (150) was slightly better than at the beginning. On being taken back to bed 4 pints of saline solution were injected into the submammary tissues, at the rate of a pint in thirty minutes. This improved the pulse wonderfully.

From this time on she made a steady and uninterrupted recovery. The stitches were removed on the eighth day, and the wound having healed by first intention, the patient was, a week after operation, put on full diet, and a month after was able to walk by herself.

I must thank Major F. E. Gunter and Lieutenants A. G. Cummins and M. J. Lochrin, R.A.M.C., for their assistance in the case.

THE INFECTIVITY OF LOBAR PNEUMONIA.

By Lieutenaat W. G. AVISS.
Royal Army Medical Corps.

The infectious nature of acute pneumonia was well recognised before anything was known of its bacteriology, and there are many records of severe epidemics in large towns, of outbreaks in jails and barracks, which point conclusively to its infectivity. As a rule, however, the source of infection cannot be traced in individual cases. It is, I believe, the rule rather than the exception to treat cases of pneumonia in general wards in hospitals, wards occupied by many patients suffering from other disorders. And yet how very rarely this apparently risky procedure is followed by any evil consequences! We cannot, however, always rely on the immunity of those in proximity to the patient, as the following facts which recently came under my own observation show:

The family P. occupied a kitchen and two bedrooms, opening into one another on a ground floor. The family consisted of eight persons, viz., father, mother, and six children. They were apparently in good health. There was no pneumonia in the neighbourhood.