

covered the tumor just on the right side of the bodies of the lumbar vertebræ, above the brim of the pelvis. When the abdominal walls were perfectly flaccid I could move this tumor in almost any direction, right across the vertebral column to the left side, upwards as far as under the liver, and down quite into the pelvis. From this mobility and the extreme and incessant pain, which was without any doubt at all, referred to the tumor itself, I had no hesitation in diagnosing it as a morbid growth of the ovary or tube, with an extremely long pedicle. I advised its removal, and proceeded to perform the operation on May 20th. When I opened the abdomen I found, very much to my surprise, that the tumor was not as I thought; it was the right kidney enlarged to about three times its proper size, and capable of being moved under the peritoneum in every direction. It did not possess any kind of mesonephron, but moved freely between the peritoneum and the subjacent tissue, very much, apparently, as one can move a warming pan between the sheets of a bed. In fact, it was what I had never seen before, a really movable kidney. As the organ seemed to be diseased, and as I could not bring myself to believe that its great mobility was the cause of the pain, I opened it and failed to find any calculus or suppurating disease. After having satisfied myself that the left kidney was quite healthy, I removed it. The patient made a very easy recovery. The amount of urine rose to nearly 30 ounces a day, before she left the hospital on the 9th of June. I have seen her within the last few days, in perfect health and quite free from pain. Dr. Suckling examined the kidney for me and expressed the opinion that it was the subject of fatty and cirrhotic alteration.

On removal, the kidney weighed 9 ounces, and the merits of the case certainly oblige me to alter to some extent what I have previously said, concerning movable kidneys. I have never seen anything in the least degree like the condition of the present case. Kidneys enlarged by general growths are very often remarkably movable, but anything like the mobility of this kidney I never saw. It may be that this mobility was the cause of its diseased condition, but I can hardly bring myself to accept that explanation, it being to my mind much more likely that its disease, to a large extent, was the cause of its mobility. I do not therefore think

that I should have done any good to the patient by fixing it in position by stitching.

M. R., æt. 25, was placed under my care in May of this year, at which time she told me she had had pain in the right lumbar region for about six months, which pain was not increased on exertion, but if she engaged in horseback exercise, of which she was very fond, she inevitably passed blood in the urine. Dr. Suckling, who was associated with me in the treatment of the case, examined her with great care and expressed the opinion that the kidney area on the right side was considerably larger than that on the left. He had seen her in consultation with two other surgeons before I saw her, and at that time had been impressed with the belief that she had a calculus in the right kidney. But this belief was not shared in by his colleagues. On examination, I satisfied myself that the right kidney was larger than the left, and the symptoms were so definitely and clearly given by the patient and her husband, who was a medical man, that I came to the conclusion that the patient was actually suffering from renal calculus. As she was about to return to South Africa, the question became a very serious one as to whether she ought to return in her present condition, or be subjected to surgical interference before she started on her journey. When the question was put to me, I had no hesitation in expressing my view, that to allow a woman in her condition to pass into the wilds of Caffre Land was simple madness, because she would probably return to us with the kidney disorganized and her health seriously affected. In this view I was not supported by those who had previously seen the case, but upon my advice the patient submitted to nephrotomy, which I performed on May 23rd, and removed a large branching renal calculus. A drainage tube was inserted in the wound and the patient made a very rapid and satisfactory recovery, the only curious feature of the case being, that as long as the drainage tube was retained in the wound all the urine passed through the normal channel, but as soon as I removed the drainage tube, apparently, the whole urine of that kidney passed through the wound in the loin. Repeated trials disappointed in this way for about six weeks, when a final trial was successful, and the wound, on July 28th, was very nearly healed and the patient quite well.

E. E., æt. 52, found that her urine was thick