

the occiput. There was no hydatid cyst present. The tissues over the tumor were tense. An aspirating needle was inserted, and some fluid withdrawn. He sent this specimen to the laboratory to be examined for urea and pus, and waited for the report. In a few minutes the report came back that neither urea nor pus was found, but that there was albumin. This eliminated from his mind the presence of a misplaced kidney, and he thought it must be some kind of a cyst situated outside of the peritoneum, and that it would be advisable to unite the anterior and posterior layers of the peritoneum, leaving sufficient space to open the cyst, put a drain in and treat it as one would a cystic cavity. This was done. The following day, on going to the hospital, he learned that both urea and pus had been found in the fluid escaping through the drainage tube, pointing to the probability of an ectopic kidney. Shortly after this he had the patient radiographed with X-ray catheters in place, and found that while one catheter went up to the pelvis on one side (the left) that the right one curled up in what resembled the bladder. The patient was then cystoscoped, and the instrument allowed to remain in place during the radiograph taking, thinking, perhaps, that the catheter might have slid down from the ureter into the bladder. This showed that the one catheter had gone into the pelvis of the kidney and the other had gone into a cavity over the lumbo-sacral region, and had curled up there. Accordingly, collargol (10%) was injected, giving a beautiful view of the pelvis of the left kidney, which was seen to be in place, and also the shadow of a large mass in the lumbo-sacral region. This mass corresponded in position to the cyst that had been operated upon. Six (6) ounces of collargol had been injected into it. He feared if he had injected more it might have given rise to too great reaction. As it was, the reaction was marked. It was then decided to again operate upon this patient, and an incision was made from just above the anterior superior spine of the ilium down along Poupart's ligament, giving sufficient space to pull back the peritoneum and tissues contained in it to the other side until the kidney was reached. The kidney was then removed and a slide was shown, giving the position of the renal vessels and the ureter. The squeezing of the kidney forced the urine from the pelvis into the bladder. The specimen of the kidney was then shown, and the hydronephrotic condition easily seen.

The lecturer then threw upon the screen three kidney specimens, showing three different grades of hydronephrosis, and the condition, size and shape of the pelvis of the kidney in these cases,