

the entrance of the ureter, but not obstructing it. An incision, parallel with the ureter, was made in the pelvis and the stone removed with forceps. The little finger was then inserted, the pelvis and calices explored, the wound closed with a continuous Lembert silk suture, two strips of gauze and a tube placed in position, and the whole returned. No vessels were tied and no hemorrhage took place. The tube was removed in three days, the gauze on the fourth, urine ceased to come through the wound on the ninth, and complete healing was effected on the twelfth. The average daily amount of urine the week prior to operation was 32 ounces. The first week after, 40; second week, 30; third week, 45. Patient left the hospital in five weeks and made an uninterrupted recovery. A few fleeting pains have been felt from time to time since, but are of no importance and he has increased twenty pounds in weight.

The stone is composed of oxalate of lime, weighed $10\frac{1}{2}$ grains when removed, and $8\frac{1}{2}$ grains when dry, and is about the size of a finger nail.

Case 2.—Mrs. T., female, age 26 years, St. Thomas. Referred by Dr. H. Arnott, of London. Complained of an aching pain in the right side extending across the abdomen, becoming acute and even agonizing with gastric irritation, especially after much walking or riding in a buggy—even after a short railway journey had to rest in bed for some days. Frequency of micturition was marked during the daytime. Gave a history extending over ten years; treated at first for lumbago; six years ago for tubercular trouble in apex of right lung; two and a half years ago a surgeon, diagnosed tubercular kidney; urine examined daily, for ten days, gave an average analysis. Reaction, acid; sp gr. 1.022; pus; marked quantity of red blood cells. Examination for bacillus of tubercle negative. As the kidney was freely mobile, enlarged and quite easily felt, we decided to operate. The diagnosis of stone by Dr. H. and Dr. D. Arnott was received with some reserve on my part as no crystals were found in the urine, and the case seemed as much tubercular as one of calculous. As guinea pig injection would have taken some time we proceeded with the operation. The kidney was easily found. Its surface showed signs of renal inflammation, was much larger than normal and cystic in the centre. It was brought well up into the wound until it rested on the edges of the lumbar fascia. Palpation gave some evidence of a stone which a needle verified. It was removed through a vertical incision made at the back of the pelvis; with the incision about one ounce of turbid fluid escaped which had formed a cyst of one of the calices above the stone. After the little finger had explored the interior of the kidney in every direction, a plain cat-gut continuous Lembert suture was applied. The drainage and subsequent treatment were similar to the previous case. No