

had been married thirty years and had had two miscarriages in addition to the eleven children above mentioned. She had suffered with the right side for twenty-three years, especially on quick movement or in lifting, and she attributed this trouble to a fall down stairs, in which she had struck upon a barrel. Four years before admission she first felt a swelling in the right side of the abdomen. Since that time she had suffered a great deal with pain and tenderness in the right side and painful and frequent micturition. During sixteen days of observation in hospital prior to operation the amount of urine secreted varied from 18 to 34 ounces daily and it contained a large and variable amount of pus. On the 25th of May, 1895, the kidney was exposed by the usual oblique lumbar incision and was with some difficulty brought into the wound. Two large abscesses were evacuated on the posterior surface of the organ and a rough, irregular stone about the size of a filbert was removed from the trumpet-shaped orifice of the ureter, where it lay quite free and movable. On account of the disorganized condition of the kidney I was strongly tempted to remove it, but as it contained at least 25 per cent. of apparently normal secreting structure, and as I had no knowledge of the condition of the other kidney, I decided to fix it by suture to the edges of the lumbar wound. A drainage tube was inserted, but it came out in forty-eight hours and was not re-inserted. This patient made excellent progress for eleven days, when she developed a left lobar pneumonia. In the meantime the wound had become quite healed and the kidney seemed to be of almost normal size. On the 23rd of June, thirty-four days after operation, the kidney again became swollen and painful, and on the 25th of June the original incision in the loin was reopened and the kidney was found to be firmly adherent to the parietes. It was reopened and a large quantity of pus escaped. A drainage tube was kept in the wound for three weeks. There was no escape of urine and the wound healed immediately when the tube was removed. This patient is still in hospital and has had at times ever since the original operation sharp attacks of pain about the vesical extremity of the ureter. It is of course open to question whether a nephrectomy would not have been a better operation in this case, but I quote it to show that the kidney can be very safely and certainly fixed by two or three sutures of silk-worm gut passed through the kidney structure as well as the capsule. In this case it is impossible to say whether the symptoms were not all due from first to last to the calculus, but it is at least debatable whether the earlier symptoms were not due to repeated obstructive conditions caused by twisting of the ureter and the stone formation secondary to this condition, or perhaps only a