swelling in the right renal region, and a considerable amount of pus was always present in the urine. The swelling was punctured and 8 ounces of pus drawn off; three weeks after the tumour was explored through a lumbar incision, and was found to consist of a sacculated kidney containing a large branched calculus. The calculus was dislodged with considerable difficulty, and there was considerable hæmorrhage. The patient was much collapsed, never rallied, and died three days after the operation.

Mr. Arthur E. Barker read a paper "On some points connected with Operations on the Kidney." He only treated of questions in connection with operations on the kidney for calculous disease. He divides cases into two groups: (*a*) Early calculous disease, with little or no disorganization of the kidney; (*b*) Stone, with extensive damage to renal tissue and more or less implication of perinephritic structures. He then points out that stone may be, and has been diagnosed in the kidney very early; also, that it can be safely removed at this time by simple nephrotomy or by nephrectomy, with excellent results, compared with operations undertaken at a later stage. [The difficulty of early diagnosis is very great, and Mr. John Duncan, surgeon to the Edinburgh Infirmary, in the *Edinburgh Medical Journal* for July, has pointed out that the needle exploration is not always infallible, as in a case of his, a necrosed transverse process exactly simulated the feel of a calculus in the kidney. Mr. Barker claims to have been the first who successfully sounded for stone in the kidney by passing a needle through the loin to the kidney. It is about a year since Mr. Henry Morris read his paper on Nephro-lithotomy before the Medical Society of London. He was the first who successfully extracted a stone from a kidney by means of incision where there was no previous suppuration or sinus to guide the operator. Peters, a German surgeon, had previously, in a case of renal calculus, passed a trocar and canula into the kidney, striking the stone. Being unwilling to undertake the risk of incising the kidney, he left the canula *in situ*, dilated the wound afterwards with tents, passed in a lithotrite, and crushed the stone before removing it. Mr. Barker had previously also operated in a case of renal calculus, but the