

had encountered had the origin of the vascular pedicle below the normal site. He stated that the usual sites of ectopic kidney were at the sacro-iliac synchondrosis, on the promontory of the sacrum and in the pelvic cavity. He then showed the slide of a kidney in the pelvic cavity which had been mistaken for an ovarian cyst; another slide of a kidney situated at the sacro-iliac synchondrosis, and still another slide of one situated high up in the pelvis. In the case of the one situated at the sacro-iliac synchondrosis, he had considered it a case of movable kidney, which had become adherent to the tissues in that region. He had made the ordinary kidney incision in the loin, and thought that he felt the organ moving up and down with the respiration, and in an effort to cut down upon it through the mass of fat present, he went through the peritoneum and exposed a flattened spleen with a rounded border. He closed the peritoneum, and, cutting down farther, found the kidney, which was hydronephrotic. After freeing it, he pulled it up as far as possible and fixed it. The patient, however, suffered more pain than before the operation, and as the amount of kidney tissue was not great and the other kidney was perfectly healthy, he removed the organ, which he showed as a specimen of hydronephrosis. He said that all cases of ectopic kidney that he had had were hydronephrotic.

He then spoke of the study of a recent case of ectopic kidney. He stated the patient had entered the hospital complaining of some difficulty in urinating, of a swelling in the hypogastric region, of constipation and a general feeling of discomfort in the pelvis, which prevented him from work. When standing up, no tumor could be felt, but when lying down, one could be easily outlined, extending from the pubes up to within two inches of the umbilicus. Bimanual palpation showed the tumor beginning above the prostate. The patient, after emptying his bladder, was catheterized, and no residual urine was found present. Cystoscopy revealed a normal bladder; the ureters had normal mouths and were easily catheterized, although the excursion of the cystoscope was somewhat impeded behind. Many diagnoses were made by the different attendants connected with the hospital. His own diagnosis was that of an hydatid cyst or a misplaced hydronephrotic kidney. The patient was prepared for operation, and, assisted by another surgeon of the hospital, he opened the abdominal wall down to the peritoneum, and found the anterior wall of the bladder normal. He incised the peritoneum above the bladder and found a tumor situated in the lumbo-sacral region, and extending down into the pelvis, very much as a woman's net containing her hair hangs over