

that the pathological conditions in the kidney and ureter at the time of operation began with and were primarily due to the preternatural mobility of the organ.

CASE II. D. C. F., æt. 40, merchant. A tall, spare man with marked tubercular history, complained of soreness in the right side and back when walking and pain in the right side of the abdomen. He had had right-sided pleurisy twenty years before coming under my observation and had been under treatment for ten years for the above-mentioned symptoms. He had also suffered during this period with an oppressive feeling in the stomach and occasional diarrhoea. He had been treated for dyspepsia, disordered liver function and gall-stones. He had also been severely dieted and had taken much medicine. For a year before admission to the Royal Victoria Hospital (April 29, 1895), where I operated, he had lived entirely on milk and soda biscuits and had lost much weight. He had also been unable during the greater part of the year to do any work. There had been no definite urinary symptoms and the heart and lungs were normal. A movable tumour had been discovered in the right side about twelve months before admission, but a definite diagnosis had not been made until six months later. When he came under my care the diagnosis was quite clear. The right kidney, apparently twice its normal size, moved freely into the epigastrium and down into the pelvis. The urine was clear and normal in every respect. Operation was performed in the usual way on the 1st of May, 1895, and an unusual condition of the kidney was discovered. The pelvis of the kidney extended through to the convexity of the organ, so that there were two masses of kidney tissue representing its extremities connected by a fibrous sac containing an ounce or two of urine. The urine was evacuated through a needle puncture on the posterior surface, the ends approximated and each attached by a silk-worm gut suture (passing through fibrous capsule and kidney tissue for about three-quarters of an inch) to the end of the lumbar incision (fascia and muscle). The patient made an uninterrupted recovery and was discharged from hospital on the 23rd of May. I saw him again on the 16th of July, when he was quite well. The kidney could not be moved from its position in the loin and he had gained much in weight. His only complaint was of an area of disordered sensation in the skin of the abdomen—doubtless due to section of, or possibly only a traumatic neuritis of, the ilio-hypogastric nerve.

CASE III. Mrs. L., æt. 52, a spare woman, the mother of eleven children, was admitted to the Royal Victoria Hospital on the 4th of May, 1895, with right pyonephrosis and great mobility of the kidney. She