

and said that such a condition was typical of a unilateral kidney. In one of these cases one fissure was very deep, extending from the pelvis to the outer border, and dividing the organ into two parts. Both the upper and lower segments of the kidney had each a fissure extending nearly half-way across it at right angles to the pelvis. This kidney had but one ureter, and was in the proper position, and it showed how easy it would be to have such an organ converted into two, if there had been two ureters present and one-half of the kidney in each renal fossa; or to have found such a kidney displaced low down in the median line, with its two segments attached by an isthmus, which would form an organ corresponding to a horseshoe kidney. The lecturer showed that a large quantity of tubercles were scattered over the kidney, and stated that statisticians, in speaking of unilateral kidneys, said that they were frequently affected with tuberculosis. This particular unilateral tubercular kidney had been referred to him from the medical side, with the diagnosis made a number of years ago, for operation on the following day, and he had made an incision down to the kidney, found it tubercular, and had removed it. The patient developed anuria immediately after the operation, and died of asthenia in eight days. There were no uremic symptoms. Autopsy showed the absence of the kidney on the right side, although there was a long projection of liver extending down, which closely resembled a kidney on palpation. An operation of this kind would be rare to-day, as kidney cases are better studied now than previously. We do, however, find cases in which we cannot feel the kidney on the other side, nor see its ureter nor catheterize it, if we do see it, and in such cases we must believe that no kidney is present on this side; and even if we contemplate operation on the other kidney, we must confirm our belief by an exploratory lumbar incision. In some cases, if we do see and catheterize the ureter, we find no urine coming down from it, and it is in such cases, as well as in cases of unilateral kidney, that we must believe that either both ureters go to the same kidney, or, more probably, that a non-functionating kidney is present on that side, and that the removal of the kidney on the other side would be followed by death.

He then took up the subject of another variety of anomalies—that of misplaced or ectopic kidneys—which he considers very interesting and instructive. He stated that they must not be confused with the displaced kidneys which were known as movable, which are held out of place by adhesions, the blood-vessels of which come from the normal side. The misplaced or ectopic kidneys which he