the extent of fifteen or twenty pounds. When he was at rest the pain would disappear. It was provoked by manipulation of the region of the appendix, and I was able to repeatedly feel the organ roll under my fingers. Diagnosis chronic relapsing appendicitis. Operation, August 21st, 1897. Incision three and a half inches with centre over McBurney's point. The internal oblique and transversalis muscles were caught up by a guyline of silk, and thus kept from disappearing. Ligated mesentery in two parts with chromic catgut, stripped back the peritoneum from appendix, and ligated latter with fine, iron-dyed silk and cut off; dipped the ligated end into cæcum and sutured peritoneum. Lembert sutures over the wound. The abdominal incision was then approximated by sutures embracing, first, the peritoneum, another layer for the muscular portion, and a third for the skin. The wound was dressed with aristol, a strip of oil silk over sutures and bichlor. dressing. It was not opened for thirteen days when union was perfect. The patient has been perfectly well and free from pain ever since.

HYDRONEPHROSIS.

The third case was a nephrectomy for hydronephrosis. This, upon which I operated nine days ago, is a most interesting and instructive case.

The patient, a fine young girl 20 years of age, came to me complaining that three months ago she noticed a tumor in the left loin umbilical region, which continued to increase in size until I saw her about three weeks ago. The tumor was about as large as a good sized head and slightly resonant in front, dull behind and had an apparent feel of fluctuation. Urine was lessened in quantity, specific gravity 1011; no albumen, casts nor sugar. She had some dyspeptic symptoms, was constipated, and though she had very trifling pain, was noticeably going down hill. I diagnosed a hydronephrosis and prepared to aspirate merely to confirm my opinion. In pressing the tumor back into the loin, the patient, when I had scarcely passed the needle in an inch, and the wall of loin being frozen with ether, screamed with pain, and went into a condition of extreme shock which it required a large dose of morphine to relieve. The pain she suffered was, I am sure, very severe. She is very "good stuff," but on this occasion simply writhed in agony. When she had recovered from the pain and shock, I was surprised to find that the tumor had disappeared, and she thereupon passed a large quantity of urine. The tumor, however, returned in the course of four or five days, and last Tuesday week I operated with the intention, if I was able, to fasten the organ up so as to empty itself properly, and it was not too badly disorganized to do a nephrorraphy and failing this, a nephrectomy. After making a lumbar incision oblique from behind forwards, the kidney was aspirated of about a quart of urine. Then we found that its substance, with the exception of lower part, was pretty well gone, the proper capsule loose, and this, with the uncertainty of getting a good result from nephrorraphy, induced me to remove the organ. The incision was enlarged by a vertical one at the outer edge of quadratus lumborum muscle, the pedicle secured and ligated in two parts with chromic gut and a ligature was, for extra safety, thrown around the whole pedicle and the organ removed. We did not use any drain. The wound was sutured by two layers of catgut, the first uniting the muscles of skin, and the second the skin. Dressed with aristol and bichlor. gauze. We were unfortunately compelled to give ether as an anæsthetic, the patient taking $CHCl_3$ very badly; on this account I was rather apprehensive of the result, but as a small amount was very carefully given by my friend Dr. Mackay, of Cookstown, and I was able with the assistance