

(7) The changes which the perinephric tissue undergoes, under long continued irritation, sometimes render the search for the kidney very tedious, and, maybe, ineffectual.

Mr. Bennett May had operated on 15 patients for stone or suspected stone—12 males and 3 females. In 13 cases he found a stone and in 2 he did not. In fully half the cases the stone was fixed in the parenchyma of the kidney. These stones, mostly of slow growth, are circular or pyramidal in shape, not branched, and occur in young males. The kidney remains perfectly healthy even in a late stage of the disease. The prominent symptom in these cases is pain, and the main diagnostic test is pain on deep local pressure beneath the last rib. Pus is commonly absent, and traces of blood may be found with the microscope after exercise. The stones are difficult to find, but when removed, give most perfect results. Should the surgeon fail to find the stone by acupuncture, then the kidney should be cut into and explored with the finger and sound. Stones in the pelvis of the kidney commonly grow much more quickly and to a larger size. Pus appears early and is a prominent symptom, and the kidney soon undergoes structural changes, ending in pyonephrosis. These stones are usually easy to find, and the recovery is apt to be imperfect.

Mr. David Newman of Glasgow contrasted the results of nephro-lithotomies with or without suppuration of the kidney. Of the former, of 60 cases, 34 recovered and 26 died (43.3 per cent.); of the latter, where there was no suppuration, of 42 cases not one died. This indicates the importance of early diagnosis. In cases of hemorrhage, catheterization of the ureters and estimation of quantity of albumen and hæmoglobin in the urine may aid one in determining the seat of the hemorrhage and ascertaining whether the disease is confined to one kidney. Mr. Newman said that in renal surgery, the condition with which he was most familiar was movable kidney. Out of 27 cases he had met with in private and hospital practice only seven needed operative interference. In the great majority of cases the application of a well-fitting elastic bandage with an air pad was sufficient. When performing nephrorrhaphy, Mr. Newman, in addi-