the possibility of a leakage. There was not the slightest difficulty in removing the stones. Removal was quite easy. The dilatation of the duct must have taken place during the nine weeks of distress mentioned in the history; and then, three months later, in an attack of colic, apparently the duct was so overfilled that 30 stones were forced through into the duodenum; but why the remaining stones could not have been forced through I cannot understand. However, after what I considered was a fair and sufficient effort in this direction, I was obliged to incise the duct.

The seventeenth regular meeting of the Society was held Friday evening, June 2nd, Dr. J. A. Macdonald, president in the chair.

HYPERNEPHROMA OF KIDNEY.

F. J. SHEPHERD, M.D., and B. D. GILLIES, M.D.—In presenting this specimen, Dr. Shepherd gave the following clinical history:—The patient, a labourer, aged 61, first complained of shortness of breath coming on about the middle of March, then, later in April, pain in left side of back and frequency of micturition. He had had chronic bronchitis for years; the family history was good. There was an almost constant soreness, with occasional attacks of severe aching pain, generally lasting about an hour. The frequency of micturition began about the middle of April; had to get up twice during the night. Before an attack of pain there was a desire to micturate but inability to do so, though urine was passed freely after the attack. After last attack there was some nausea and vomiting. The urine was alkaline, clear, 1,005, contained albumin, granular and hyaline casts, triple phosphates.

On examination a tumour was found in the left side in the region of the kidney, quite moveable and slightly tender to pressure. I cut down and found a large tumour. I removed the whole mass, tumour and kidney, and the patient is perfectly well at present. The operation was performed by lumbar incision. A little aggravation of his bronchitis occurred owing to the ether. The symptoms are peculiar, as there was never any hæmorrhage.

B. D. GILLIES, M.D.—The tumour lies at the lower pole of the kidney, and is about the size of an orange, somewhat lobulated in character and lying immediately beneath the cortex, as these tumours practically always do. The other whitish masses on the kidney are cysts; their white appearance is from the action of formalin. The tumour itself presents at its centre a large cyst, which I take to be originally hæmorrhagic. The tumour shows a yellowish mottled appearance interspersed with reddish areas. On cutting the tumour one comes across