Dr. Eccles' paper "Movable Kidney with two cases of Nephrorrhaphy" came next. This condition, he believed, was often overlooked and something else treated (often hysteria) for it. This resulted from neglecting to examine the kidneys, a matter always to be attended to in obscure cases, with symptoms of hysteria, melancholia and general nervousness and dyspepsia. This organ having no special support was in danger of displacement. The thirty cases Dr. Eccles reported were all females. Patients had a dragging down feeling, or aching in the back or along the ureteral lines. In most there was dyspepsia, accompanied by constipation, diarrhœa occurring in only four. In six there was an exacerbation of symptoms during menstruation. In some even there was inability to lie on the side opposite the displacement. Intermittent hydronephrosis was observed in seven. Dr. Eccles then outlined the cases fully. The first had most of the typical symptoms for a number of years, the most prominent being the frequent attacks of severe pain, which at first lasted about an hour and latterly forty-eight. These were accompanied by swelling in side followed by its disappearance and a great flow of pale urine. The Doctor could feel the kidney. Had support and pad applied with complete relief. Movement, no doubt of the organ had kinked the ureter. The speedy relief of this condition was conservative to the kidney.

In another case reported, the abdominal support failed to give relief. Operation was advised. After the usual incision the capsule was opened along the convex border one inch in width. Two silk-worm gut sutures were passed into the parenchyma three-eights of an inch deep; two cat-gut through capsule and fatty capsule above and below, continued through the muscle and fascia. The fasciæ were united by separate cat-gut sutures before those through the kidney and its capsule were tied. Good recovery.

In a second case of operation Dr. Eccles did similarly, but did not dissect up capsule as it was thickened and a cystic condition appeared underneath. A good recovery followed.

Dr. Hingston pointed out that a misplaced kidney was more easily felt if the patient leaned forward during the examination. He showed how one might be mistaken, by telling of a patient who came to him suffering in this way upon whom double ovariotomy had been done for its relief. This mistake would not be made if one, by grasping the kidney and making gentle traction downwards, found that pain was experienced, while pushing it upward gave relief. The reverse would take place in the case of the enlarged ovary. In many cases he thought operation unnecessary.

Dr. Bethune had had a few cases. They were all in women on the right side. The trouble proved most annoying during pregnancy. One case he had, the kidney on removal was found to be cancerous. He thought cases of displaced liver were more common than was generally supposed. He did not see how operation could help the patient much as there would be difficulty in retaining it in position, even after operation, so little was there to which it could be solidly attached.

Dr. Bell, of Montreal, agreed that many of these cases needed no treatment. The condition was often accidentally discovered. But in cases where hydronephrosis developed some operation seemed to be necessary. He had had no personal experience in the use of the pad and band and did not think it likely they would do much good. He had operated on patients where this treatment had been tried and found to be a failure. He thought the operation of nephrorrhaply in many cases effectual in making a permanent cure. At first he was skeptical regarding the operation, but he got over that. He knew of no other means of relief.

Dr. Lapthorn Smith agreed with Dr. Bell. The frequency of cases he believed to be due to improved methods in diagnosis. Formerly they were called hysteria. Dr. Smith wished Dr. Eccles would show his ingenious method of retaining displaced kidney in such cases as are not bad enough for operation. He was reminded of the principal causation of the trouble when he heard a young man remark to his friend after a tight-laced young lady passed by them, "I wonder where she puts her thirty yards of intestines." He (the speaker) had not seen any cases of men with this affection. He considered the ounce of prevention to be a modification of the corset.

Dr. Eccles closed the discussion.

Dr. H. S. Birkett, of Montreal, read a paper describing a "case of sub-cordal, spindle-celled sarcoma and its successful removal by thyrotomy." The Doctor outlined a history of the case. The principal symptoms were marked dyspnœa, hoarseness until almost complete aphonia occurred; in the later stage, almost complete suffocation, when in the prone position. Patient was thin and anæmic, was pregnant, was compelled to sit upright with mouth open. On examination, the laryngoscope showed a large sub-glottic tumor, nearly filling the lumen of the larynx, dusky red in color; vocal cords free. Tracheotomy was performed, low down; the tube made breathing easy. Labor was induced; tumor, strange to say, decreased in size. In three weeks tumor was removed by thyrotomy. Incision was made between the alæ down to upper border of cricord. On separating, tumor was well exposed; was attached to right ala of thyroid, just below vocal cord. After removal, site was cauterized with chromic acid. Three deep silk worm-gut sutures closed deeper structures, and superficial ones the wound externally. Microscopical examination revealed it to