

then the fistula was closed without any return of the symptoms, and the patient recovered perfect health.

The pelvic pains and cramps (flatulence), from which my patient suffered were no doubt reflex from the kidney affections, for these symptoms have all disappeared since the operation.

As regards the second point—the enormous size of the stone, I may say that the largest renal calculus I find recorded weighed 10 oz. It was removed by Henry Morris, of London. He also mentions having removed from the right kidney of a man a stone which weighed about 2 oz. 6 drs. (1333 grs.), and from the left, one that weighed 1 oz 10 (513 grs.) Mr. Foster, of Tunbridge Wells, removed one that tipped the scales at 18 5 dis. (822 grs.), and Mr. Day, of Norwich, at 2 oz 6 drs. 1331 grs.) Dr. Shepherd, of Montreal, reported in the *Philadelphia News*, April 23, 1887, having removed a stone that weighed 4 oz. 7 drs. and measured $3\frac{1}{2}$ inches in length and 9 inches in circumference. It was composed of triple phosphates. The stone which I now show you weighs $13\frac{1}{2}$ oz. (av.) This does not include the 28 small calculi removed at the same time.

What is of interest about the third and last point is, that the left kidney was converted into a unifocal cyst cavity with no secreting substance left, and that all the secreting substance left of the right was a layer apparently half an inch in thickness which encircled the stone. The medullary position seemed all gone—and still even this small amount was not only able to maintain life under ordinary conditions, but was capable to withstand the extra strain incidental to two major operations.

During the past two months the average amount of urine voided daily has been 24 oz., and still the patient feels well and looks healthy.

In reporting this case I do not claim to have anything new to offer to the association, but I do think it possesses sufficient interest to warrant my putting it on record.

HYSTERECTOMY FOR CANCER OF THE UTERUS.

BY

ERNEST W. CUSHING, M.D.,

Professor of Abdominal Surgery and Gynecology, Tuft's University, Boston, Mass.

Like most other surgical procedures this operation has undergone a decided evolution and improvement within the last few years, along the line of increased thoroughness. The lesson was learned, in the development of the operation for mammary cancer, that the glands and fat of the axilla must be entirely removed. Moreover it was found that the