

tion was healthy in appearance and contained no pus, the condition of its upper end was not suspected.

So far as the operation itself went, it was successful, but one lesson may be learned from this case, viz.: that with a large stone in the pelvis it is almost impossible to have a kidney which has not undergone grave changes, and its thorough exploration by incision is indicated. Had there been pus around the stone and the kidney tissue not looked so healthy, I should have attempted to remove the kidney, but I had in my mind a specimen in the Museum of the Medical Faculty of McGill University, where the pelvis of each kidney, in a man, is filled by an enormous stone whilst the surrounding kidney structure is comparatively healthy and where there was not a drop of pus¹ or the sign of disorganization. In my case, however, although in the immediate neighborhood of the large calculus the kidney was healthy, yet the greater portion was composed of pus cavities containing stones unconnected with that in the pelvis.

The kidney was placed so deeply and situated so high up that, with even the very extensive lumbar incision which was made, it could not be properly explored, and I very much doubt if it could have been successfully removed by the loin. Its removal, owing to the numerous adhesions to important organs and its location, would have been a matter of serious difficulty, if not an impossibility, even by abdominal incision, for at the autopsy by the combined abdominal and lumbar incision it was only by cutting freely the surrounding parts that its excision was accomplished.

In such a case incising the kidney in every part, evacuating the pus, and removing the calculi would

¹ This case is reported by Dr. J. A. McDonald in vol. xii. of Canada Medical and Surgical Journal.