

nausea, bowels bloated and rumbling; attack generally followed by loose movements, no chills or perspiration; no blood in urine, though father states that it had been passed in boyhood. The interesting point was that the pain being referred to this region gave rise to a diagnosis of appendicitis and the appendix had been removed in Boston about a year ago. The pain remained same as before, urine clear, yellow, normal, alkaline, albumin occasionally present, no sugar, pus cells, a few blood cells, no epithelium, no casts. A further interesting point was the skiagraph. That method was becoming more and more perfect, and should be used in all cases suspicious of stone. He cut down upon the kidney about two weeks ago and immediately came upon the stone lying in the pelvis, chiefly an oxalate. He opened the posterior wall of the pelvis, extracted the stone and sutured the pelvis; no urine has escaped; the wound completely closed and convalescence was without a drawback.

Another case was that of a man of 63, who was unable to pass water and his physician used the catheter; next day he could not pass urine, and the physician was unable to pass the catheter; he was aspirated four times as no catheter could be introduced. On close questioning it was found that fourteen years ago he had an attack of pain in the back with vomiting and had been given morphia. On suprapubic incision he found the middle lobe pushed right up against the internal orifice of the ureter, and held there by the unusually large stone which was exhibited; it was a very fine specimen of oxalate.

Another case was that of 28 gall stones of uniform size; 25 removed from the common duct and 3 from the gall bladder. The woman had no symptoms until a year ago, when she had a number of attacks of gall stone colic, fever and pain, but scarcely any jaundice.

Yet another case, with large stones he said possessed interest, chiefly from the fact of difficulty of diagnosis. The pain had been in the region of the appendix for some five or six years, but on operation he found an atrophied appendix, and on passing his hand up he felt a large stone in the gall bladder. Since then there has been no pain in the appendix or gall bladder region.

The last case, he said, presented a number of points of interest in addition to the fact of there being 150 gall stones. A woman of 55 with no symptoms was seized with a typical attack of gall stone colic. The objection to operation was that she had pretty well advanced Bright's disease and ice bags were tried at first, but finally he operated and removed the stones. In such cases, he said, he depended more on the specific gravity of the urine than on the quantity of urea. The gall bladder was practically an abscess cavity, and he thought it wiser to remove the infected sac than to leave it.