

Another case of kidney due to stone was then shown, which the lecturer described as occurring on a certain afternoon and which he had sent to the hospital for examination and probable operation. The patient had a temperature of 101, pulse of 90, respirations 36. On arrival at the hospital in an ambulance she had a temperature of 105, pulse of 130, respirations 46, and was in a state of collapse. She responded to stimulation, however. On examining her on the following day the well-defined renal tumor which had been felt the day before was simply an ill-defined mass in the loin. The case seemed a clear one of pyonephrotic kidney, with renal retention due to stone, which had ruptured during the trip to the hospital, giving rise to perinephritic abscess. The abscess was opened and drained. A few days later an exploratory nephrotomy was performed, but no renal stone was found on palpating the pelvis. As the patient continued to run a septic temperature and lose strength and weight, a nephrectomy was performed, showing a stone embedded in a large mass of fibrous tissue that had not been detected at the time of nephrotomy, into which a probe could be passed from the pelvis of the kidney. This was a displaced, movable, pyonephrotic kidney containing a calculus.

Another case of unilateral anuria with great enlargement of the pelvis of the kidney due to an impacted stone at the beginning of the ureter was then shown. The tumor had been an enormous one (9 or 10 inches in all diameters), convoluted and distended. It was considered an emergency case and was removed as such, although it should have been opened and drained. At the time of the operation the kidney was almost hidden, but later on, after the pelvis of the kidney had been opened sufficiently to see the impacted stone, there was sufficient leakage of fluid from the cavity to show the presence of considerable good renal tissue. It may here be said that a kidney 10 inches in length when removed, after it has been opened and the pus and stones removed, and it has been preserved in fluid, may decrease to less than one-half the size. He considered cases of anuria due to stone the most interesting in renal surgery, and stated that he had had numerous cases of patients with but one functioning kidney who had no idea that one of their kidneys was useless. At home he has slides of many such cases, which he calls derelict kidneys.

*Cysts.*—A few cystic kidneys were then shown. The first one was that of a large serous cyst, which are generally single, although there may be two in one kidney. In this case there were three small cysts and one large one. The kidney tissue was very much deformed and the lower part of the organ was almost entirely destroyed. The