

I turned the patient at once upon the left side with a pillow under the loin and exposed the right kidney by the usual incision for a lumbar nephrotomy. Its surface was smooth and glassy and had a dark-red hue. In appearance it looked like a healthy kidney, but much larger and very congested. There was no evidence of inflammatory adhesions in the circumrenal tissue. On removing from the field of operation all the perinephritic fat, I examined the organ carefully, its surface was, hard, smooth and even and in isolated spots somewhat doughy. The kidney was then explored with a needle which elicited a distinct grating noise. The point of the needle came against a hard, firm, unyielding substance. I now laid the kidney open by making an incision about three inches in length along its convex border, and grasped the organ with its contained calculus, with my right hand in front of the abdomen and pressed it upward and backward against the finger and thumb of my left hand which were held firmly on the edges of the wound in the kidney. In this way the stone was slowly and gently squeezed out of its bed without inflicting any undue damage on what was left of the secreting substance of the organ. It was a bimanual procedure. The calculus was firmly adherent to the substance of the kidney. Forceps were of no avail to dislodge it. Roughly the stone measured $4\frac{1}{2}$ inches in length, 3 inches in width and $2\frac{1}{2}$ inches in thickness and weighed $13\frac{1}{2}$ oz. (av.) It was oval in shape. A terrific gush of blood immediately followed the removal of the stone and the patient became suddenly collapsed, whereupon I quickly grasped the kidney in my right hand and introduced my left into the wound to plug it up and so check the hemorrhage, but it had little effect upon the bleeding. It was venous oozing. Something more had to be done to save my patient, so I speedily run three of my fingers up into the cavity of the kidney and to my surprise I found I had come upon a mass of gravel. I scooped out quickly 28 small calculi each the size of a small sized bean and facettied, and also blood clots, and packed the cavity firmly with sterilized gauze. This controlled the hæmorrhage. In the mean time every thing possible was being done to rally her by means of artificial heat, hypodermic injections of brandy and of strychnine nitrate, and by enemata of concentrated coffee and brandy and by bandaging and elevation of the lower extremities. In a few moments the patient rallied a little and two or three stitches were hurriedly inserted into each end of the lumbar incision and the wound dressed antiseptically. A large pad was placed over the kidney under the abdominal bandage to keep pressure upon the organ and the patient was removed to the ward in a very weak condition. Her respirations were, however, good and regular although slow, but the pulse was very small and frequent. It was very unsteady. At times it was fairly good in volume, but in a few minutes afterwards it