

and offensive smelling, with occasionally blood in it, for more than two years, and during that time she had suffered from severe aching pain in the right and left loins. I found a large tumor in the position of the right kidney, and Mr. Taylor found the patient was suffering from mitral regurgitation, advised her to have nephrotomy performed, and this I did on June 16th, removing a large calculus from the pelvis of the kidney. I left a drainage tube in, but practically no suppuration occurred and the patient went home on the 27th of June, with her wound quite healed.

J. W., *æt.* 45, had a large painful tumor on the right side, slightly to the right side, but mostly lying over the vertebral column; it clearly fluctuated and was freely movable. It was diagnosed as a cyst of the mesentery. I opened the abdomen for the purpose of removing it on the 18th of June, and at once came upon a thin-walled cyst containing about three pints of clear fluid, and after emptying it I endeavored to shell it out from the folds of the mesentery under which it appeared to lie. This I succeeded in doing, until I came upon a fresh substance, which speedily pronounced itself to be the kidney. I had in fact been dealing with a case of hydronephrosis, in which the pelvis of the kidney had become so completely dilated that the body of the organ itself lay quite behind. Of course I had to complete the operation by removing the kidney itself. Only one ounce of urine was passed on the day of the operation, but the quantity steadily rose until it was 30 ounces, when she left for home on July 4th. She has since remained in good health and the wound is perfectly healed.

E. G., *æt.* 59, was admitted to the Women's Hospital in July, with a large tumor of the right kidney. She had been engaged for many years in making her living as a midwife, and had suffered a good deal during the growth of the tumor, which occupied some five or six years. She had been strongly advised not to have any operative interference, but to let the thing alone. I however advised her differently and she accepted my advice. I performed nephrotomy on July 13th and removed a very large calculus from the pelvis of the right kidney. She made an easy and rapid recovery and went home on the 27th of July.

REMARKS.—The surgery of the kidney has now advanced to such a stage that we may speak pretty

positively of what can, and what ought to be done in all cases of tumors of this organ. What I have to say now is very much a repetition of what I have said in previous papers on this subject, with the exception that I have had, as I have already indicated, to modify somewhat my belief concerning movable kidneys; but even here I can confirm much of what I have already said on the question. This abnormality is so rare that this is the first case I have ever seen, in a practice which now extends over twenty-five years and which includes forty operations upon the kidney and more than twelve hundred abdominals. The second point deserving notice is, that all of these forty operations, with one exception, have been performed on the right kidney, a circumstance which certainly is very remarkable and must be something more than a mere coincidence. Some months ago, in a communication made to the Obstetrical Society, I told the story—now some fifteen years old—of an interview I had with a Board of Examiners, whom I could not satisfy concerning the treatment to which I would subject a patient submitted to me for the purpose of the examination, and who was burdened with a large suppurating tumor of the kidney. I told the Board that I should remove the kidney, as everything else seemed to have been tried fruitlessly. In reply, they told me that my surgical enthusiasm seemed to be greater than my knowledge of the practice of medicine, and we parted, never to resume further association. A singular change has occurred since then, for the kidney promises to be one of the most brilliant fields for the achievements of new surgery. Out of my forty operations on diseased kidneys, including abscesses, hydatids, sarcomas, and stones in the pelvis, I not only had thirty-eight recoveries, but I have had—so far as I know up to the time of writing—complete cures in thirty-eight out of the forty operations. In the fortieth case I failed, because I did too much; I removed a kidney with a large number of chronic abscesses in it, when I ought simply to have opened it and drained it, as an expedient preparatory to its subsequent removal. This patient died of shock, and in this I learnt the lesson, which I shall always follow in future in such cases, of opening the kidney, in order to ascertain its condition exactly before I remove it. I really think that, in this conclusion, I have to sum up all my experience in renal surgery.