

with increasing feebleness of the cremaster in advancing years, this sign is less obvious.

A history of the passage of small calculi is the most important fact to be elicited in the history of the patient. With persisting pain and hæmaturia the presumption of stone is an almost certain deduction.

Grating due to multiple calculi may be felt in certain rare cases.

Total suppression of urine, with intense pain shooting through to the front and down to the groin, constantly futile attempts to pass urine, vomiting, headache, giddiness, and restlessness, support the probability of these symptoms being caused by a calculus obstructing the outlet of the only remaining kidney. Prompt operation in such instances may save life, and a case is quoted in which a stone was removed on the fifth day of total suppression with a successful urination.

The shadow photograph by the X-rays has added much precision to the diagnosis, but when negative cannot be implicitly relied upon. Shenton in the Guy's Hospital Reports of last year states that in 28 cases in which the X-rays showed calculi they were found by the surgeon; in 8 cases in which the surgeon found calculi the X-rays failed to show them, and there were 2 cases in which the X-rays had discovered calculi which the surgeon failed to find by operation.

The lecture is concluded by a reference to various conditions liable to be mistaken for renal calculus.

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SURGERY.

UNDER THE CHARGE OF GEORGE E. ARMSTRONG.

Surgical Society of Paris.

Myeloplax tumors:—Are myeloplax tumors more likely to be inflammatory neoplasms than real ones? Delbet believes that actual myeloplax tumors, real myelomas, in which giant cells are the principal elements are benign growths, for which purely local removal is justified. Observations of Chas. Monod, Poncet and his own are in favour of this opinion. The case of Monod treats of a patient, aged 41 years, in whom the lesion was situated in the upper extremity of the tibia; a large groove was made after perforation of the bony shell; the cavity produced in this way did not communicate either with the articulation or with the diaphysis; the cure was complete but with ankylosis of the knee. The radiograph taken a year and a half after the operation shows that the epiphyseal cavity is completely filled. The histological examination of the tumor showed that it was a typical giant-cell sarcoma. Delbet's observation treats of a child of 8 years,