History.—For nearly two years the patient had been in poor health, and had a dull aching pain in the small of her back. For five weeks she had noticed that her urine was thick and opaque, and that micturition was painful and frequent.

On examination the patient was very emaciated, and palpation showed the right kidney to be much enlarged and tender. A cystoscopic examination was attempted, but it was impossible to get the bladder sufficiently clear to see the ureters.

First Operation.

On April 16th, 1908, an oblique incision immediately below and parallel to the last rib on the right side was made. The kidney was exposed and found to be full of stones, occupying both the pelvis and calyces. The parenchyma was so disorganized by inflammation that nephrectomy appeared to be the best way of dealing with it. Before doing so, however, it was necessary to find out the condition of the other kidney. For

Stones removed from the pelvis and calyces of the left kidney, one-half natural size.

this purpose the peritoneal cavity was opened and the hand passed to the other side. The left kidney was then found to contain stones and to be in much the same condition as the right, making it not advisable to remove the latter, but to remove the stones from it. The right kidney having been brought out of the wound, the stones were taken from the pelvis and calyces. Haemorrhage was controlled by putting clips on the vessels, as, owing to the sepsis present, suturing the kidney substance was to be avoided. The tissues were so friable that ligatures would not hold. For this

reason, and for those given at the commencement of the paper, I determined to treat the kidney extraperitoneally, and keep it outside the wound well wrapped in gauze. The free haemorrhage showed that there was no tension on the pedicle.

The bed from which the kidney had been removed was packed with gauze, and the patient returned to bed. In the after-treatment proctolysis was employed. On the seventh day after the operation an anaesthetic was given, the gauze removed from the loin, and the kidney, which was now covered with healthy granulations, returned to its place.

On May 18th, 1908, the patient was sent home considerably improved.

Second Operation.

She was readmitted on August 6th, 1908, to have the stones removed from the other kidney. At the second operation, as the previous one had been so satisfactory, exactly the same course was followed, but this time the kidney was returned to its bed four days after bringing it out on to the abdominal wall. She again made an excellent recovery.

On December 3rd, 1908, she was shown to the members of the Northumberland and Durham Medical Society. She had greatly improved in appearance and expressed herself in every way relieved.

After the first operation the patient was very ill indeed, and her recovery was largely due to the skilful manner in which Sister Mathewson managed the continuous rectal injection of normal saline solution.

Though the plan of keeping the kidney outside the wound was adopted on the spur of the moment, yet, as it diminishes the dangers of attempts to save lacerated or septic kidney, I think it is an addition to the conservative surgery of that organ.

REMOVAL OF A LARGE VARIX OF THE ORBIT.

By SIR WILLIAM J. COLLINS, M.S., M.D.,

B.Sc.LOND., F.R.C.S.ENG.,

SURGEON TO THE ROYAL EYE AND LONDON TEMPERANCE HOSPITALS
OPHTHALMIC SURGEON TO THE HAMPSHIRE AND NORTH-WEST
LONDON HOSPITAL.

MRS. JANE W., aged 42, had had three children; the last was 7 years old. A fairly healthy woman, always had a high colour, more marked on the right side. Fourteen years ago—some three months after the birth of the last child but one—the right eye began to become prominent. Some large vessels began to show at the inner canthus. For the last three years the proptosis had become gradually more marked. The right eye was projected forwards and outwards on to the cheek, and large worm-like veins

formed a plexus at the inner side of the globe. The lids did not close over the eyeball, and in profile the whole mass projected in a repulsive and unsightly fashion beyond the line of the nose. She had sought advice, but an ophthalmic surgeon had said it was too dangerous to operate on. She was greatly distressed, and was unable to go about in consequence of the deformity. A loud *bruit de diable* was audible with the stethoscope over the orbital swelling. The vision of the right eye was reduced to J. 20; that of the left was $\frac{5}{6}$ and J. 1. The fundus of the right eye showed the veins of the optic nerve rather larger than usual, otherwise nothing abnormal. The pulse was rapid (104); heart sounds normal. There was a large varix in the right thigh, and she had suffered from haemorrhoids. I admitted the patient into the London Temperance Hospital in November, 1905.

November 23rd. Under chloroform I tied the right common carotid artery just above the omo-hyoid. This

Full face before operation.

Profile before operation.

Full face one year after operation.

produced, however, no appreciable effect on the swelling or proptosis.

December 7. Under chloroform I slit the right external canthus freely so as to obtain easier access to the orbital cavity. I excised the eyeball. I found I could pass my finger round the plexus of veins, they being apparently encapsuled and easily detachable from the orbital periosteum. I passed a pair of bent clamp forceps down as far as they would go to the apex of the orbit and clipped the pedicle of the venous bunch. I tied the pedicle with silk after cutting the mass away on the distal side of the clamp. The orbit was then lightly packed with iodoform gauze. The bleeding was astonishingly little. Healing was uninterrupted. The mass proved to be a cavernous angioma, and contained a few phleboliths.

The appearance before and after the operation (a glass eye *in situ*) is shown in the accompanying sketch and photograph. There had been no return up to the end of 1908.

THE members of the first class of Filipino medical students trained under the American rule received their degrees from the Philippine Medical School at Manila on February 27th.