She was admitted to St. Thomas's Hospital in May, 1909. Operation (right lumbar nephrolithotomy) was performed on May 26th, 1909, by Mr. Clutton, and granular debris removed.

This case may be compared in many ways with Mr. Hurry Fenwick's published in the BRITISH MEDICAL JOURNAL for May 7th, 1910.

1. The large calculous masses.

Fig. 2.—Articulated calculus and five calculi from right kidney (Actual size.)

Fig. 3.—Calculus from right kidney showing articulation (Actual size.)

On July 8th, 1909, the right kidney was drained by Mr. Robinson for condition of intermittent hydronephrosis.

Abortion took place on August 13th, 1909. She left hospital in September, 1909, and died on November 11th of the same year, three years and four months after the first operation.

2. The long history of calculus in each case, in mine twenty years; in Mr. Fenwick's fifty years.

3. The composition of the calculi in each case is practically identical.

It is to be observed that the after-history is only given for two and a half months in Mr. Fenwick's case.

A SIMPLE METHOD OF REMOVING SEBACEOUS CYSTS.

By H. FREETH, M.D., B.Ch.,
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THE method here described is in all respects so much more simple and satisfactory than the ordinary method of dissection that I feel justified in bringing it to the notice of the profession.

Let *a* represent a cyst. An incision *b* is made, not over the cyst, but through the healthy skin alongside it, parallel to and the same length as the shortest diameter of the cyst.

The hypodermic injection of a little eucaine solution along the line of the incision is all the anaesthetic required.

The small blunt hook *c* is then inserted into the incision and is worked round the cyst, tearing through the adhesions of the cyst wall, first on the superficial aspect, as that is where the cyst wall is thinnest and most liable to burst, and then on the deeper aspect, until the cyst is

completely separated, when it can easily be "delivered" by pressure from above, much in the same way as a cataract is delivered.

A dab of collodion on the wound is sufficient dressing.

The advantages of this method are:

1. The incision is through healthy skin and is, especially where the cyst is oblong, much shorter than by the usual method.

2. The union is quicker, more satisfactory, and the appearance of the resulting scar much better than that of an incision through the altered skin over the cyst.

3. A minimum amount of anaesthetic is used, as only a linear injection is required. I have removed quite painlessly eight good-sized cysts from a woman's scalp at a sitting, using altogether only $\frac{1}{2}$ grain eucaine dissolved in 1 c.cm. water.

4. In the case of cysts situated on the scalp very much less hair need be cut, as all that is required is a single snip of the scissors over the site of the incision.

The largest cyst I have so far removed by this method was about as large as a bantam's egg, and I was surprised how the thin stretched skin contracted and became smooth and natural looking in a few days, and should I have occasion to remove a very much larger one I should still employ the same method, and should remove none of the skin but leave it to shrink back, as I have no doubt it would, to its normal condition.