the clinical records of cases. In this case the denture after the first operation was anchored to the left upper teeth, this sole attachment being from the nature of the case insecure, and a source of strain and discomfort to those teeth. The upward peak in the alteration not only steadied the whole denture and lessened the strain, but proved a great help in unexpected ways, preventing the secretion of mucus and the formation of scabs, besides putting an end to all discomfort. The patient herself irrigated the nostrils after meals, and at other times with warm salt solution without removing the denture.

Fig. 2 shows the denture, and the upper limit of its first shape, which was flat topped, above which is the "peak," since added.

AN IMMENSE RENAL CALCULUS.

By GEORGE W. ORD, M.R.C.S., L.R.C.P.,

RICHMOND.

THE case of which the details are here given is of great interest for the following reasons: (1) The presence of calculi in both kidneys. (2) The size of the large calculus; the skiagram gives a shadow of $4\frac{1}{2}$ in., and the actual stone, when removed, measured $3\frac{1}{2}$ in. by 2 in. by 2 in. (3) The comparatively small amount of discomfort and pain considering the size and irregularity of the stone. (4) The extremely healthy appearance of both the kidneys at the operations. (5) The separation of the calculus into two large and one small fragments, articulating by facets, and, in a way, resembling a knee-joint with patella. The joint was movable in a front to back direction, and was evidently flexed whenever the patient bent her back. This capacity for flexion doubtless prevented much of the pain.

A. O., female, aged 30, single, by occupation a cook, was first seen on May 19th, 1906.

Family History.

Parents both alive. Mother suffers from asthma.

Previous History.

She had scarlet fever when 12 years of age. Used to cry after school from backache aged 10-12. Her mother called the pain in her back "lumbago" when she was 19.

Present Illness.

She had renal colic six years ago—small stones passed. Had had two attacks since, the last four months ago. Blood passed only on these occasions; calculi phosphatic in appearance. Had had two attacks of asthma (? renal) one two years ago, the last a month ago.

General Condition.—This is exceptionally good. She is healthy and wholesome in appearance, well able to do her work, but has some backache, sometimes with long intervals of freedom from discomfort; can walk four miles comfortably; catamenia regular.

Urinary System.—She passes 30-40 oz. of urine daily, specific gravity 1012; urea 2 per cent.; slight amount of albumen; small deposit of pus, alkaline in reaction. On microscopical examination crystals of triple phosphates and pus cells were seen. Micturition is normal in fre-

quency except after colic or asthma, when it is increased. With regard to the lumbar pain; when it does come on, it lasts three or four days very severely. The pain is very sharp, more so in the right kidney than in the left, and more aching in the right. She likens the pain, when present, to a "jumpy toothache."

Treatment.

Treatment consisted mainly of the administration of glycerine in large doses when pain was present, a tablespoonful or two tablespoonfuls in three times its bulk of water, the pain being greatly relieved thereby. Feeling certain that the kidney contained more calculi than she had passed, I sent her to Dr. Greg at St. Thomas's Hospital for x-ray examination, and his skiagrams showed the following surprising condition of affairs: Right kidney: A huge shadow, larger than the size of a normal kidney. Left kidney: Four or five large calculous masses.

Operation.

She was admitted to St. Thomas's Hospital. The right kidney was operated on by Mr. Clutton on June 30th, 1906, and a large calculus and five smaller ones from the calyces removed. The kidney appeared quite healthy, and was returned to the abdomen.

The patient made a normal recovery.

The excretion of urine previous to the operation was 44 oz. to 75 oz. daily, and on the days following the operation: 1st day, 17 oz.; 2nd day, 36 oz.; 3rd day, 59 oz.; 4th day, 43 oz.; 5th day, 77 oz.; 6th day, 63 oz.

Second Operation.

On November 2nd, 1906, the left kidney was operated on.

Extract from Mr. Clutton's letter:

There was an immense number of small stones in left kidney, some in pelvis, and some in the cortex, the latter requiring separate incisions. There was plenty of renal tissue, so the kidney was returned to the abdomen.

Excretion of urine previous to operation 133 oz. to 49 oz. daily. After operation: 1st day, 23 oz.; 2nd day, 67 oz.; 3rd day, 36 oz.; 4th day, 87 oz.; 5th day, 61 oz.; 6th day, 34 oz.; 7th day, 40 oz. Normal recovery.

The description of the calculi from both kidneys is as follows: Those from the right kidney weighed 118 grams ($3\frac{1}{2}$ oz.), no nucleus, bistre in colour, easily friable and porous, surface rough. The largest calculus, measuring

$3\frac{1}{2}$ in. by 2 by 2 in., had been fractured about its middle some time previously, and a regular articulation had resulted, somewhat resembling an infant's knee-joint, patella included. The composition of the calculi was as follows: Calcium, sodium, and magnesium phosphate and carbonate. The calculi from the left kidney weighed 14½ grams.

After-History.

The after-history of the case was as follows:

The patient left the hospital in January, 1907; continued as cook till May, 1908; left her situation and was married in June, 1908.

Fig. 1.—Skiagram (reduced in size) of calculus in right kidney.

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.