performance of Toreta's operation of dilating a contracted pylorns ; operations of excision of malignant growths of the stomach are not growing in favor, the game, as a rule, is not worth the candle. The *pancreas* has been successfully operated on for cystic disease, and the *spleen* has been so frequently successfully excised that the subject is no longer a matter for wonderment.

We come now to the *surgery of the kidney.* Since Simon first extirpated a kidney in 1869, great advances have been made. The surgery of no other abdominal organ has been so rapidly developed and perfected. No doubt many kidneys have been removed unnecessarily, and too often, unfortunately, with a fatal result ; but surgeons are now beginning to see their way more clearly in this, until recently, little known branch of surgery. It is now a well established rule that no kidney should be removed without a previous nephrotomy, or exploratory incision. Again, no kidney should be removed until the condition of its fellow is ascertained. Several cases are on record where the surgeon has removed the only kidney in the patient's possession. A preliminary nephrotomy enables the surgeon to avoid this fatal mistake. The most brilliant results have been obtained in the operation of *nephro-lithotomy.* During the past year, Mr. Jordan Lloyd,(*a*) of Leeds, Eng., has introduced a method of exploration of the kidney which is a great improvement on the old needle puncture. He advises puncture of the lower end of the kidney with a long-bladed tenotome, in a direction upwards and inwards till the lowest of the calyces is reached ; a small short-beaked child's bladder sound is then introduced, and the calyces and pelvis explored. In June last I had an opportunity of putting Mr. Lloyd's method into practice, and find it a simple and admirable one. The patient had been subject for several years to attacks of renal colic, latterly the pain had been continuous and was located in the left lumbar region and down the course of the ureter ; great pain was felt on pressing over the left kidney. He had never had any blood or pus in his urine. Knowing the comparative harmlessness of the operation of nephrotomy, and having had experience in several other cases, I determined to cut down on the painful kidney and examine it. When the kidney was reached the exploration was made with the greatest facility and with but little disturbance of the parts After incising the lower end of the kidney with a bistoury, the short-beaked sound was introduced and the pelvis and calyces of the kidney thoroughly explored, but without result ; no stone was found The hemorrhage from the kidney, which was free was easily controlled by pressure. The wound was closed and a drainage tube placed at its lower end Urine ceased to come from the wound after the second day. In ten days the patient was out on the gallery and in two weeks the wound had soundly healed. The pain which previously had been most intense was much relieved, and has since almost entirely disappeared. When last seen the patient was attending to his work and looked strong and healthy. I might mention that a woman from whom I removed a kidney in September, 1884, for calculous pyelitis, is still alive and in good health, and since the operation has given birth to three healthy children. Another operation which is finding favor in the eyes of surgeons is nephrorraphy or fixation of a floating kidney. Removal of the kidney was formerly practised for the relief of the pain and inconvenience of a floating kidney, the substitution of nephrorraphy for nephrectomy in these cases is a decided advance, for the former operation is a much safer as well as a more scientific one.

In the *surgery of the bladder* progress has also been made, though not to the same extent as in that of other abdominal organs. Tumors of the bladder are now suceessfully removed, and Guyon, of Paris, and Thompson, of London, have done excellent work in this direction. The introduction of the electro-endoscope has much facilitated diagnosis. The old supra-pubic operation is now the fashionable one for the removal of stone from the bladder, and it is being practised largely everywhere. The operation has been much improved by the introduction of Petersen's rectal bags and the practice of moderately distending the bladder before operation with an antiseptic solution. The operation is suitable for cases of large and hard stones, and for the removal of tumors and foreign bodies, but it will no more supplant the old operation of lateral lithotomy than did lithotrity. In some cases of stone in the bladder, Mr. Reginald Harrison, (*d*) of Liverpool, justly remarks, "it is necessary to do something more than merely re-

(*a*) *Practitione* ·, Sept. 1887.

(*d*) Lettsonian Lectures, 1888.