

The treatment of tension of the kidney surgically, according to the author, has frequently been followed by increased urinary secretion as well as general effects upon circulation. He gives the following indications for operative procedures:

1. Progressive signs of kidney deterioration, as shown by the persistence of increased albumin when it should be diminishing or disappearing from the urine, as in the natural course of inflammatory disorders ending in resolution.

2. Suppression of urine, or approaching this state.

3. Where a marked disturbance of the heart and circulatory apparatus arises in the course of inflammatory renal disorders.

The operation of exposing and incising the kidney is comparatively free from danger. The patient should be prepared and placed in the position for lumbar nephrotomy. An incision through the loin is made parallel with and a little lower than the last rib. In spare subjects the incision need not be more than three inches in length. Those who are fat may require one longer. The various tissues are cut until the perirenal fat comes into view. This can be opened up by probe or fingers, when the kidney will come into view and can be readily recognized. The capsule can then be incised along the convex border. Should the tension be due to the presence of stone, the kidney substance will require to be punctured and the stone removed. A drainage-tube should be carefully inserted so as to be in contact with the kidney. The drainage is a necessary part of the treatment, and may be left in for a week or ten days. The wound will heal up quite readily after the tube is removed.—*Post Graduate*.

SYMPTOMS OF TYPHOID FEVER IN INFANCY AND CHILDHOOD.

Griffith (*Journal of the American Medical Association*) stated that most cases of this disease, when affecting the very young, are of the ambulatory type. The child is hardly indisposed, although anorexia and headache are sometimes noted. In a minority of patients vomiting may usher in the disease and fever may be high at the outset.

The mortality of typhoid in childhood is not far from 3 per cent., and roughly speaking, the younger the child the better the prognosis. Thus the mortality is less in the first than in the second quinquennium.

As in the adults, the roseola is commonly but not universally present. In some cases the rash is very abundant, covering the whole integument.

Enlargement of the spleen is doubtless constantly present, although not always discoverable.