

Murphy's button might be thought unsuitable, I would modify the operation by putting three interrupted catgut sutures through the approximated ends, in the part not covered by the continuous suture of one-quarter the circle opposite the mesentery, placing them between the threads on the rings. With rings one and one-quarter inch in diameter, this would place a suture embracing the whole wall of the bowel for about every quarter inch of line, and this with the rings well adapted, and one row of Lembert's stitches around them would make a perfect union.—*Med. and Surg. Reporter.*

A REVIEW OF THE AUTHOR'S METHOD OF ANCHORING THE KIDNEY.

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The frequency with which surgeons meet both floating and movable kidney has long since attracted attention as to the best method of anchoring this organ so as to preserve its normal functions. The multitude of complex disturbances and reflex symptoms associated with a floating or movable kidney are such that the surgeon is constantly called upon to render relief. These abnormal conditions may last for years without serious results, yet they are liable to give rise to degenerative changes which may necessitate a nephrectomy or a nephrotomy at any moment. Palliative treatment, by means of rest and bandaging, as a rule, avails but little. The difficulty of holding a kidney in place with a bandage is such that little reliance can be placed on this method of treatment.

From the fact that this abnormal condition is chiefly a source of annoyance rather than danger, patients hesitate in submitting to an operation for the purpose of anchoring the kidney, as it seems to them a very large undertaking for the purpose of accomplishing very small results. It is hard to make them understand the importance of having the kidney anchored and the danger that is likely to arise from neglect of the proper surgical treatment. At the same time we can hardly blame them or their family physician for not urging an operation which requires a large oblique gash through the lumbar muscles and a number of buried sutures which are difficult to insert. Only those who have attempted to perform this operation can appreciate how hard it is to hold the kidney in place by the old-fashioned method until it is sutured to the deep muscles of the back. The difficulty of this procedure stimulated me to devise a new operation which had for its object simplicity, rapidity and efficiency.

Referring to a paper read before the Columbus Academy of Medicine, November 19, 1894, on "A New Method of Anchoring the Kidney," published in the *Columbus Medical Journal*, December 25, 1894, you will find that my operation consists "in making the ordinary perpendicular abdominal incision over the median line of the kidney. As a rule, it need not exceed two and a half inches in length, depending largely on the thick-