

has, I think, rather encouraged the belief that the only treatment of movable kidney is by operation. The operation of fixing the kidney in position by suturing has certainly been very extensively employed and possibly with some little lack of discrimination. The risk of the procedure is very slight, and possibly the mortality of the operation at the present moment does not exceed 1 per cent. Dentu has collected three hundred and seventy-four examples of nephrorrhaphy with seven deaths, but in only four out of this number could the death be ascribed to the operation. Keen, in a collection of one hundred and thirty-four cases, finds the mortality to be 2.9 per cent.

An operation, however, is neither justifiable nor commendable on the sole ground that it is attended with small risk. I have come to believe the nephrorrhaphy is by no means a routine measure in the treatment of movable kidney; that it is, indeed, not demanded in the great majority of the cases, and that, with one exception, it is to be regarded as the last, and not as the first, resource.

The operation is not always successful. The methods of performing it are legion, but there is no procedure which can claim to be infallible or to be exempt from occasional failure. By the earlier methods of operating failure was common. My experience leads me to believe that by all methods a lack of success is more common than is supposed or allowed. In dealing with a series of reported cases it must be remembered that it is only natural that in such records the successful case should find a place which is often denied to the case that fails.

Keen, in reviewing a series of 116 cases at a period of not less than three months after the operation, considered that 57.8 per cent. only were cured, 12.9 per cent. were improved, while in 19.8 per cent. the operation had failed.

Apart from the mere failure to maintain the organ in place, the operation has been followed in certain instances by considerable neuralgia, sometimes in the renal region and sometimes extending down the back and outer side of the thigh and leg. As in stone of the kidney so far after nephrorrhaphy, pain of a severe character has, on occasion, been experienced in the heel or in the sole of the foot.

The operation, I venture to think, is imperative in cases in which there have been "torsion symptoms," and the sooner it is carried out in such instances the better. In cases in which the symptoms of movable kidney are those of the ordinary type and in which all measures of treatment—short of operation—have failed, nephrorrhaphy may be considered; but I am under the impression that the instances of this kind in which the operation will be necessary will be exceedingly few. I venture