

scarcely be torn away from the side. I must say, however, that the after history of most of my cases has been unsatisfactory.

The operation is one that can be easily performed. The kidney can be brought out on to the surface of the loin and thoroughly explored; the suturing can then be begun. When sutured it should be placed about in the normal position. The mortality of the operation is practically nil.

Because the kidney became movable after operation, Vulliet, of Geneva, suggested that it should be fixed by transplanting through its substance a slip of the tendon of the erector spinæ muscle. This method does not seem to have found favor. Operators thought that it was necessary to strip away the capsule from the kidney in order that the bare kidney substance could become fixed in the wound. I am satisfied that this is not necessary.

NEPHROTOMY.

It is to be hoped that a greater acquaintance, on the part of the profession, with diseases of the kidney will enable us, as surgeons, to deal with these cases before the organ has been damaged to any very great extent. We do not see as many cases of suppurating kidney and advanced septicemia as we saw a few years ago. Our methods of diagnosis have been improved and, as in the abdominal cavity so in operations on the loin, the exploratory operation has come to stay. When, however, a tumor is to be found, no one hesitates to advise immediate operation.

Tumors of the kidney can readily be differentiated from tumors of other organs, and even though at times it is impossible to differentiate these growths, surgical interference is urgently called for. I have, myself, been unable during the performance of an operation to decide between suppurating gall-bladder and suppurating kidney. During the first part of the operation I thought the tumor was one of the kidney, then felt disposed to believe that it was a tumor of the gall-bladder, then finally satisfied myself that it was kidney, and after opening it removed several gall stones. The only relief to be obtained was by a surgical procedure; different, it is true, in the two instances. But, as a rule, we are able to satisfy ourselves that a fixed tumor in either loin, extending through to the palpating hand behind, is a tumor of the kidney, and if pus is found in the urine, especially in acid urine, the diagnosis is complete, or at any rate we think so. But, within the past week, I have had a rude awakening in a patient passing pus with acid urine, and with a mass in the right loin extending through to the back. I operated, and found the mass