

Selections.

Floating Kidney—Nephrorrhaphy.

Lucas-Championniere (*L'abeille medicale*, October 7th, 1899) says that up to comparatively recent times floating kidney was operated upon only by accident, through error of diagnosis. In removing the kidney entire, the patient was subjected to various unpleasant or serious consequences, so that nephrorrhaphy was substituted for nephrectomy.

However, floating kidney is not necessarily a surgical affection; there is both a medical and surgical floating kidney. Gleneard claims that the former is entirely distinct from and never passes into the latter. He gives very elaborate rules for making a diagnosis of this so-called medical type of the disease. The principal distinction between the medical and surgical kidney is that the former never leaves the hypochondrium, and is always in relation to the diaphragm. How does a kidney become displaced? While its attachments are numerous there are none of them very strong. The author does not believe that movable kidney is a part of general enteroptosis, because when the kidney is fixed by operation the other abdominal symptoms vanish. We know a number of predisposing causes, such as the right kidney, the female sex, child-bearing, rapid emaciation, etc., and we know that a fall is often an exciting cause. Many cases are doubtless hereditary.

With regard to symptoms, Tuffer gives pain, digestive disturbances and neurasthenia. The author does not attach much importance to the two latter as they often persist after operation. The pain, however, is a most important symptom, as it disappears after permanent, or even temporary, fixation of the kidney (as by a binder). Of renal symptoms proper, such as refer to the function of the kidney, there is seldom any evidence. Diagnostic procedures are, therefore, restricted to extremely careful palpation, possibly under chloroform.

Left to itself this condition leads up to a cachexia, or to marked dyspeptic disturbances. The indications for treatment are to replace the kidney. In the medical variety abdominal binders, etc., suffice for the attainment of this end. Many special varieties have been devised, some with compresses, etc. The relief is certain, but the retention apparatus is disagreeable to the patient.

In the surgical floating kidney nephrorrhaphy is indicated. The operation was first done in 1880 by attaching the kidney to the twelfth rib. Next, the operation was modified by resecting a portion of rib and even of the kidney itself, for the sake of better coaptation. The author denudes the kidney and