

can Medical Association, which shall extend from our Panama Canal to your Hudson Bay.

I have chosen for the topic of my address the subject: "The Surgical Treatment of Stone, Tuberculosis and Tumors of the Kidney." I have associated these three conditions together in a paper, because I have found that in actual practice these conditions have frequently so many symptoms in common that the surgeon sees a large group of cases in which he is compelled to answer the question, Is this stone, tuberculosis or tumor of the kidney? Any one of these lesions may present kidney colic, hematuria and an enlargement of the kidney and more or less pronounced bladder symptoms. I shall attempt to present to you briefly the diagnosis and surgical treatment of each of these three kidney lesions, based on an analysis of 94 cases operated upon in my surgical clinic at Rush College, University of Chicago.

Let me first remind you that the surgery of the kidney is a very new chapter in the subject of surgery. Those of us who began the study of medicine twenty-five years ago have had the opportunity of watching its development almost from the beginning. When we were medical students, we saw no kidney operations. The old English physician who began his lectures on diseases of the kidney with the statement that here was a field safe from the surgeon's knife, was still with us.

The development of the surgery of the kidney within twenty-five years has been marvelous. Movable kidneys are now fixed by proper operation. Stones in the kidneys are definitely located by the X-ray, and safely removed by incision. Tuberculosis is by means of microscope and cystoscope accurately diagnosed, and the patient's life saved by a timely nephrectomy. Tumors of the kidney are recognized and removed. Acute hematogenous infections of the kidney which threaten life are recognized, and met by a nephrectomy. Hydronephrosis and pyonephrosis are handled either by drainage or plastic operations or, where the other kidney is sound and sufficient, by removal of the diseased organ. Even chronic Bright's disease has not escaped the surgeon's attacks, and one of our brilliant gynecologists proposed on the basis of his observations of the effect upon the kidney of decapsulation in the operation of kidney fixation, the operation of decapsulation as a means of treating successfully Bright's disease. As might have been logically surmised, however, this has failed to meet the hopes of the enthusiasts who proposed and carried it out. The surgical treatment of many of the diseases of the kidney is most gratifying. To-day the kidney is not safe from, but the patient is often saved by, the surgeon's knife.

Let me present to you first the subject of kidney stone.

Not until 1880 was a stone removed by incision through the