supposed to be due to somewhat movable kidneys. Fortunately, or perhaps unfortunately, patients can go through such ordeals and recover health.

I have made a calculation that one operator has seen 3,593 cases of movable kidney, according to his own statements.

The first operation, as performed by Hahn, consisted in drawing the fatty capsule of the kidney taut and stitching it into the wound. It was soon found that this did not hold the organ in place. The kidney was then stitched into the wound, some stitching it to the skin and others to the transversalis fascia and aponeurosis of the transversalis muscle. It was still found that if the sutures were removed, and if the wound was aseptic and no suppuration was produced, the kidney became again movable. I have endeavored to keep the kidney in place by leaving the sutures in for several months, with the ends projecting through the skin. I found it difficult to remove these sutures, and even after they had been removed, the kidney, in some cases, became again movable. I am convinced that nothing but the buried suture will hold the organ in place, and that the suture must go deeply through the renal structure and must include plenty of the tough fascia or aponeurosis above mentioned.

Many objections have been raised to the buried suture. Sinuses were found that continued to discharge for a long time, subsequent to operation; the sutures were no doubt infected. Fenger says that it is impossible to operate upon the kidney without meeting with infection. He considers that the infection is in the urine. The stitch that is less likely to become infected, than any other, is the silkworm-gut suture, or the silver wire. Silkworm-gut suture answers every purpose, but, unless carefully managed as to the knot, is liable to produce considerable irritation. Morris prefers silk. He states that he has had ample opportunity of observing the silk a long time after the performance of the operation, and has found it nicely imbedded in thickened inflammatory tissue, doing its work well and holding the organ up in its place. If a large amount of suppuration is produced in the wound the kidney will undoubtedly remain fixed, but such an amount of suppuration endangers the life of the patient.

I have had an opportunity of observing this fixation of the kidney following suppuration in the wound. I operated on a Mrs. D. and she very nearly lost her life as a consequence. Gauze was packed down into the wound to favor healing by granulation. The wound suppurated. She recovered, and some years after again entered the hospital, suffering from what we supposed was tubercular meningitis. At the *post mortem* examination the kidney was so firmly fixed that it could