

cover of the ribs. As a result of this abnormal position the ureter tends to become kinked, and thus obstruction to the flow of urine may occur; and further, the kidney is exposed to the pressure of the patient's clothes, or in certain movements it may be caught between the lower ribs and the crest of the ilium.

The author has practised for some years a modification of this operation which removes these objections, and which at the same time gives thorough fixation. The renal capsule is split from end to end along the convex border, and then stripped for about half its extent from the anterior and posterior surfaces of the kidney. The upper three-fourths of these two flaps of capsule are now folded back over the part of the capsule which has been left adherent, and are retained in that position by a few stitches passing from the free edge of the flaps to the adherent capsule near the hilus, care being taken not to injure the pelvis. These stitches prevent the flaps from slipping back over the denuded renal surface. Three fixation stitches of strong catgut are next passed through the ends of the flaps, which are still free, at the lower end of the kidney. By this means, the part of the capsule in the grip of the stitch is twisted and puckered, and the tendency for the stitch to cut out is diminished. These stitches are not tied in the meantime. The kidney is now pushed back into its normal position, care being taken to place the upper pole behind the liver. One end of each of the three fixation stitches is now passed through the muscles and fascia through the upper margin of the wound, near its posterior angle, and tied as they are passed. The kidney thus lies well under cover of the ribs, with its lower pole on a level with the upper margin of the wound. The cavity under the kidney is packed with gauze and a dressing applied. This packing is left undisturbed for six or seven days, but subsequently it is renewed every two or three days till the wound has closed. The gauze gives temporary support to the kidney and relieves the strain on the fixation stitches. By this method the kidney is fixed in its position by a broad band of fibrous tissue which has formed between its denuded surface and the posterior abdominal wall.—Peter Paterson (*Lancet*, January 3, 1914).—*Monthly Cyclopaedia*.

THE DANGERS OF TWILIGHT ANESTHESIA.

It has long been known that pain could cause death under chloroform a short time after the beginning of its administration, even though trifling operations, such as the extraction of teeth, were being performed. This has been attributed to shock, or reflex cardiac arrest from irritation of the nasal branches of the fifth pair. Suggestive in connection here-