

wound of the kidney, floating kidney, pyonephrosis, calculous pyelitis, cysts of the kidney, and hydronephrosis, tumours, and fistulæ communicating with the ureter, as soon as the life of the individual is endangered and other methods of treatment prove ineffectual, provided that the other kidney is sound, when the kidney is fixed, or nearly so, he prefers operation by means of the lumbar incision; but for movable kidney he prefers abdominal section. He thinks, however, that the lumbar incision is the safer of the two plans, and, therefore, is worthy of further development. Prof. Czerny thinks it best to ligature the pedicle and cut it short, adopting antiseptic precautions. In cases of fixed hydronephrosis, empyema of the pelvis of the kidney, and echinococcus of the kidney, the best plan of treatment is, he considers, incision of the cyst and stitching its margin to the skin. He thinks the plan of catheterizing the ureters of women and constricting the ureters of men, in order to confirm the diagnosis of disease affecting one kidney only, has not been sufficiently practised.

Mr. W. Marrant Baker, of St. Bartholomew's Hospital, read a paper on "The Diseased conditions of the Kidney which admit of Surgical Treatment." This paper was illustrated by three cases. The first case was that of a girl 7 years old. She had pyelitis, which had followed an attack of hæmaturia. A fluctuating tumour was found in the region of the right kidney. This was incised and a drainage tube inserted, but little improvement followed, and the kidney was afterwards removed. Three months after the wound had nearly healed and the child's general health had greatly improved. The second case was that of a lad 16 years old, admitted into hospital on account of a large fluctuating tumour in the left renal region, recurrent attacks of pain and fever, followed by the appearance of large quantities of pus in the urine. Nephrotomy was performed through a lumbar incision and thirty ounces of pale, purulent urine were evacuated from an enormously dilated kidney. A drainage tube was inserted, and two months after the patient had gained flesh and strength and had suffered no pain. Drainage is still maintained. The third case was that of a feeble woman, aged 43. She had a