

ones in which he was induced, by the excessive pressure of other people, to perform the operation of nephropexy. He says: "I do not know any subject upon which more nonsense has been written than that of movable kidney. I have said over and over again that, in my experience, all enlarged kidneys become more freely movable in the horizontal direction than they are normally. I am still of the opinion that the condition of mesonephron, which we know of only in museums, is not a matter of surgical importance. Yet, in spite of this, I have been persuaded to perform three of these useless and unscientific operations, with the result that not one of the patients has been benefited in the least. I shall have nothing more to do with fixing kidneys."

In a reprint before me, from the *Medical News*, some cases are detailed by one operator, and in each of these cases there was a fabulous amount of trouble.

CASE 1—Chronic metritis and ante flexion. Curettage and amputation of the cervix. Cysts of both ovaries; bilateral ovariectomy and ventral fixation; diffuse chronic nephritis; movable right kidney, right nephropexy. Finally, perfect health.

CASE 2—Right movable kidney, left movable kidney, endometritis, salpingo-oophoritis sinistra; nephritis diffusa chronica; hysteria; bilateral nephropexy. Right kidney again became movable. History ends.

CASE 3—Movable right kidney; chronic interstitial nephritis; endometritis; bilateral salpingo-oophoritis. Nephropexy. Symptoms disappeared for eight to ten months; kidney again became movable as ever.

CASE 4—Right and left movable kidney. Chronic appendicitis. Bilateral oophoritis; chronic nephritis; bilateral nephropexy. Pain persisting in the left kidney, mark you, disappeared after inversion of the vermiform appendix on the right side, and breaking up of ovarian adhesions.

CASE 5—Movable right kidney; chronic metritis; chronic pelvic peritonitis; chronic appendicitis; chronic interstitial nephritis; nephropexy. Curettage of the uterus; amputation of the cervix.

It is to this sort of thing that Mr. Lawson Tait refers. The above detailed cases are neurotics, patients suffering from neurasthenia who were treated in the olden days, before the dawn of aseptic surgery, by the old-fashioned family physician, and were cured without surgical interference. If you desire unsatisfactory results, operate on such patients. If you desire to be surgically busy, operate on such patients. I, myself, am not anxious to treat these patients in this way, and will operate on no more neurasthenics for the relief of symptoms that are