

I place the patient on the opposite side to that on which I intend to operate, in a semi-prone position, over a well padded elevated block and sand bags. She is raised sufficiently to produce tension of the quadratus lumborum muscle. The edge of the quadratus lumborum then acts as a guide in the performance of the operation. The incision is made to cross it towards its upper part, and is allowed to swing well away from it downwards and inwards after the crest of the ilium has been closely approached. Unless precautions are taken to bring this incision well down before curving it inwards, the operator is almost certain to invade the peritoneal cavity. The peritoneum can be frequently seen, and the liver can be seen moving with the respirations beyond it. If the peritoneum is cut into, it can readily be closed by catgut suture before anything further is done. The fascia is cut through, and the deeper structures are pulled back by means of the finger. The fascia here surrounds the quadratus lumborum muscle and forms a sheath, just as it does with the rectus muscle in front. If more room is required the incision can be continued upwards and backwards to the edge of the last rib. The incision into these structures increases the wound to a much greater extent than one would suppose from the length of tissue cut through. The rib has been resected, but this can only be necessary in patients who are very closely coupled, or, in other words, in patients who have a very short loin. An increase of the incision downwards does not give much more room around the kidney, but it enables us to deal with the ureter and to trace it downwards to the bladder.

The incision below can be carried across parallel to Poupart's ligament, about an inch above it, and as far as the internal abdominal ring. Such an incision may seem very formidable, but it produces no particular ill effect upon the patient. The yellow fatty capsule of the kidney bulges readily into the wound; this is torn through with forceps, pulled upon, and the kidney soon presents itself in the opening.

#### NEPHRORRHAPHY, OR NEPHROPEXY.

There are, in surgery, operations that are lauded by some operators and condemned by others. It is difficult to understand how two truthful men can recount such dissimilar experiences. The operation of nephropexy is one of these operations. Its performance is satisfactory in the hands of some, and unsatisfactory in the hands of others. While Morris is loud in his praises, Tait has remarked that out of seventy-four operations performed up to that time, there were three upon which he looked back with inexpressible regret. These cases were