pouch should be removed, and any actively bleeding vessel should be controlled by ligature to prevent a subsequent deposit of clot there.

When the operation is performed through the loin, the incision must be freely extended downwards and inwards as previously described. Wide retractors are needed to hold back the peritoneum and the enclosed intestines. The kidney can be brought well out on the surface of the loin. Care must be taken not to exert too great tension on the pedicle. The vessels are isolated by means of dressing forceps and the handle of the scalpel; the ureters are also isolated and ligated or removed.

The operation is a very difficult one to perform if old abscesses have been discharging through sinuses and, as a consequence, much septic material has been deposited in the surrounding tissues. As a consequence of this septic infiltration, the tissues become cartilaginous. The mouths of the capillaries seem to remain open, and they pour forth blood freely. The bleeding is a considerable factor to be dealt with. Nothing but a rapid operation, under such circumstances, will save some of these debilitated patients. When the pedicle has been reached, the kidney tissue and the surrounding tissue supplied through it, ceases to bleed. The pedicle, in many cases, is found friable and infiltrated with septic material. In ligating it, a large-sized ligature should be used in order that pressure may be produced, and that the tissue may not be cut into. After the kidney has been removed, if the fatty capsule still remains movable and normal in appearance so that it can be drawn forward, it should be stitched to the skin. In this way a pouch is formed that may act as a guide to the stump in case any secondary hemorrhage supervenes. All actively bleeding vessels should now be controlled before the wound is finally closed. This precaution should not be neglected. If the fatty capsule forms the above-mentioned pouch, any infection produced by the ureter is likely to find its way readily to the surface. Sometimes infection produced deep down in the lower part of the wound by a contaminated ureter, may be troublesome. I have seen such suppuration burrow down to the pelvis, and produce a prolonged and tedious convalescence.

The shock of a nephrectomy, as a rule, is great. The pulse drops to 45 in a minute, and the patient must be rallied by stimulants. Stimulants should be ready, as well as hot water bottles to place about the patient during the performance of the operation. I believe it is wise, under such circumstances, to place the patient's feet in hot water.

To do a nephrectomy on one kidney while the opposite organ holds a calculus puts the life of the patient in great danger.