

of injury to the peritoneum and the strongest assurance that soiling of the peritoneal surfaces will be avoided. Drainage, the importance of which cannot be overestimated, can be most efficiently applied after the lateral abdominal operation. Shock, even to the aged and feeble, does not of necessity inure to forbid a carefully conducted operation for removal of the kidney. Finally, the importance of early diagnosis and the futility of late operations, in malignant disease especially, are clear.

Dr. A. Vander Veer, of Albany.—We owe Dr. Asdale our thanks and gratitude for his thorough and candid manner of reporting his cases; there was a fatality present that no operator can avoid—that is, an advanced condition of disease. Malignant disease of itself is always a dangerous condition for us to attack, and when advanced, as in these two cases, we have heavy odds against us. The consensus of opinion is that chloroform is the safest anesthetic to use in surgical kidney. In malignant disease let us operate early—as early as possible.

Dr. C. A. L. Reed, of Cincinnati.—The question of the treatment of the pedicle in nephrectomy will remain a serious one as long as we have kidneys to remove. We all recognize the treacherous friability of the renal vein. To avoid the unhappy and almost necessarily fatal accident of cutting it by a tight ligature, he had put around this vessel the protecting influence of its neighboring structures, and had ligated the pedicle in one mass. He endeavored, in effecting the division, to leave something of a button to make the ligature secure. So far he had not been embarrassed with secondary hemorrhage. The amount of force that is required to control hemorrhage from the renal artery need not be so great as to cut the walls of the neighboring vein, providing we have left a sufficient button to prevent slipping of the pedicle under the very considerable circulatory pressure which is brought to bear upon it through the few hours immediately succeeding the operation. Unless there be surgical conditions of the ureter itself demanding special treatment, there is no need of treating it otherwise than you would the circulatory vessels.

Dr. Kellogg, of Battle Creek, Michigan.—The question which should be raised in this discussion is, whether it is better to remove the kidney, or whether it is better to perform the operation of nephrotomy. If we drain the kidney in case of suppurating kidney and in case of malignant disease of the kidney, the patient will likely recover. Mr. Tait never removes the kidney. If any operation at all was considered desirable, he performed the operation of nephrotomy through the lumbar region, and drained the kidney. K. made it a practice to examine the position of the kidneys and all abdominal organs in every case of pelvic disease of women. In a very large proportion of cases the right kidney especially is prolapsed and movable. In thirty per cent. of all cases in which there is displacement of the pelvic organs there is also displacement of the kidneys. His method has been to first examine the patient on the back, the shoulders elevated, and legs flexed forward so as to relax the abdominal muscles as much as possible; placing one hand at the back and the other hand in front. In case he fails, he has the patient rise on the feet and rest against the end of the table; then, on bending forward, the abdominal muscles are completely relaxed, the kidney is dragged down,

and when the patient takes a deep breath it is easy to seize it, if it is at all prolapsed.

Dr. J. H. Carstens, of Detroit.—I am much interested in the diagnostic points made. In all diseases of the kidney there is great danger in using ether. In all cases it is advisable to use chloroform. Looking back upon cases which have died within twenty-four to forty-eight hours, reported dead from shock, I am confident now that they died from the ether. Even chloroform will produce congestion of the kidney, but not to the extent ether does.

Dr. Henry T. Machell, of Toronto, asked for points which would enable us to recognize the kidney after the abdomen is opened. He had seen in more than one instance a considerable loss of time in recognizing and determining what was or what was not the kidney.

Dr. Morris, of New York, said that as to the question of how we can determine whether we have kidney or some other organ, he had only once been in the position where he could not tell from the character of the capsule and the tissue of the organ whether he had kidney, liver, some morbid growth, or some other organ. In that case he had colloid carcinoma; he found the aorta, then the renal artery and traced that, and determined from the relative position of the renal artery that the kidney was beneath this mass.

Dr. L. S. McMurry, of Louisville, read a paper on

INTRA-UTERINE IRRIGATION AFTER LABOR.

Dr. W. W. Potter, of Buffalo.—The distinguished Fellow from Kentucky sounded the keynote of this whole question of intra-uterine irrigation after labor when he said that the time for commencement of the treatment was at the time when it became essential—that is, at the initial symptoms of infection. If we could only always determine when that initial symptom presented, I have no doubt that this method would result in the saving of life and in the prevention of prolonged sickness. There are ways in which infection gets to the vital organism insidiously, and we only know that by watching the symptoms which it produces; hence the importance attaching to the puerperal woman in her attendant paying more attention to a labor—not treating it lightly, not going to it and hurrying away in a few minutes after delivery, and saying, "I will come back when you need me," but she is to be watched with all care, even after simple labor, for a few days, until all danger of that initial symptom has passed away. It is important to emphasize all that, for the obstetricians of to-day must certainly recognize the fact that they are occupying a more responsible place than ever. There is more light upon the subject than formerly.

Dr. E. E. Montgomery, of Philadelphia.—This subject is one of vital interest, for upon the meeting and subduing of the germs at an early stage is dependent the future comfort, health, and possibly life of the individual. He fully indorsed what was said as to the importance of early intra-uterine irrigation where there is the least indication of septic infection. We have in the cavity of the uterus a large absorbing surface; a surface that is covered with debris, a surface in which, through the heat of the body and the character of the secretions, germs multiply with great rapidity, are readily