

marvelous benefits that immediately accrue, two things prominently suggest themselves as a probable explanation, namely, the relief of tension, and the establishment of collateral circulation; and, too, the great determination of blood to the kidney after such a procedure must have a renovating effect upon it. Nephrectomy, nephrotomy and suspension of a floating kidney are established operations. Partial removal of a kidney is sometimes advisable in traumatism, or when a malignant growth is being extirpated and, in many conditions, where a circumscribed portion of kidney is involved.

Nephro-ureterostomy will, I am sure, be found indicated and successfully performed.

Ureteral anastomosis and uretero-cystotomy, although difficult in their execution, are very successful procedures. The task of removing impacted stones from the pelvic portion of the ureter is no longer considered insurmountable. The most reliable means of locating a stone in the genito-urinary track is by the x-rays. Transplantation of the ureter into bowel is an immediate successful operation, but ascending inflammation to the kidneys almost invariably follows, marring its usefulness.

In a system of surgery, published in 1866, the removal of the prostate is referred to in the following words: "Excision of the prostate has been recommended. It does not, however, appear that anyone has really ever had the hardihood or folly to perform it. Excision of the middle lobe would be less objectionable."

The experience of the last four years has placed both suprapubic and perineal prostatectomy as being feasible, practicable, and the safest and best treatment for prostatic hypertrophy, with a preference, in America, for the perineal route. The mortality is lower than that of any other major operation on the aged, even men over eighty years surviving it and enjoying life without the annoyance, or agonies, accompanying obstruction to the free flow of urine. If no other advancement in surgery were made, the last decade, except this one, offering, as it does, relief to at least one-third of the male population over sixty years of age, surgeons could well hold up their heads with pride. The dangers of the catheter, aspirator, trocar and bougie are only too sadly known to need mention here. Another instrument that has been put to a practical test, and found wanting is the electro-cautery knife. It is a dangerous and clumsy affair, and only a small percentage of cases are at all benefited. Its use should be limited to (a) pathologic bar, (b) fibrous vesical orifice, and (c) sessile middle lobe, still quite small; and these conditions are more amenable to a perineal section, and with less risk to