

bleeding, comparable to cutting through the kidney substance, and heals just as readily and perhaps with less danger. Great care is necessary to make the incision "clean cut," and large enough to allow removal of the stone without tearing, so that the edges can be more accurately approximated by the continuous Lembert suture. The hemorrhage from incision of the kidney proper, in some published cases, has been severe enough not only to delay the operation considerably, but even to threaten the life of the patient; though one is aware that there are cases of large, branching calculi, which cannot be removed in any other way. Examination of the pelvis of the kidney by the finger seems a most satisfactory method and its accomplishment quite easy; though, with the needle and the finger combined, a stone is still liable to be missed altogether. The formation of a permanent urinary fistula, so much to be deplored, depends in the main, to whether the ureter is obstructed or free, yet attention to details, such as accurate ligation of the kidney, and early removal of the tube, are of considerable importance. Nephro-lithotomy, if undertaken early, gives excellent results with a minimum of danger to the patient. Neither of these two cases had a bad symptom, which of course, was due more to the favorable condition of the kidney than any particular care on my part. And yet, this operation should not be lightly undertaken and without exhausting every means at the surgeon's command. Dickinson, twenty years ago, gave a mortality of 69 per cent. Recently, Ia. Cobson, in his operative surgery, 14 per cent., the kidney being in various stages of destruction, and of all cases a mistake of over 30 per cent. in diagnosis. There must be more exhaustive examinations of the urine, and the possibility of tubercular disease of the urinary tracts. Agonizing pain, with blood in the urine to-day, are not sufficient for a nephro-lithotomy to-morrow. To my knowledge, and against my advice, a patient has suffered a large incision in the loin, the lifting of a normal kidney from its bed, and an exploration, for a pain that was evidently hysterical and for blood in the urine, whose only source was the accidental contamination of a menstrual flow. But, when the diagnosis is made, and the patient understands the risks of delay, as well as the favorable chances of recovery (when taken quite early) nephro-lithotomy offers, not alone the only method of relief, but the certainty of much success.