

supposition, as the wound was perfectly aseptic throughout. If then the all but fatal results from interference with the blood and nerve supply of the colon was caused by the adoption of the abdominal route, necessitating as it does the opening of the meso-colon, should the lumbar route have been taken?

Dr. E. Harry Fenwick's article in the International Medical Annual 1894, commenting on the success of Dr. Schede of Hamburg who reported seventeen cases with but one death as contrasted with the statistics of Gross showing a mortality of 44.6 per cent, of Brodeau 44.4 per cent and of Czerny 44.4 per cent, adds "since the extirpation of renal tumours by means of the various retro-peritoneal incisions has been successful and the much more dangerous abdominal incision has become almost *obsolete* we are certainly justified in looking for more favorable results of kidney extirpation."

On the contrary Lange of New York holds that dogmatic rules about which incision should be used in nephrectomy should not be laid down. The size and especially the position of the organ also the nature of the disease decides one or other of the two routes to be preferable."

Mr. Morris of London, (no better authority) points out from his own experience that the consequent mortality varies more with the nature of the disease than with the mode of operating.

Mr. Jacobson in his "Operations of Surgery" summarizes the advantages and disadvantages of lumbar and abdominal nephrectomies respectively:—

*Lumbar Nephrectomy.*—Advantages.

1. The peritoneum not opened or contaminated.
2. Efficient drainage is easily provided.
3. The structures interfered with are much less important.

4. In the case of its being unwise as in abscess or in tumour affecting the surrounding tissues to proceed to removal, it is less serious to the patient.

6. The lumbar incision, if converted into a T-shaped one or prolonged by König's method, will give sufficient room for meeting most of the conditions which call for nephrectomy. Thus modified it will suffice for new growths in their early stages.

If these are operated on later, one of the abdominal methods will probably have to be made use of.

Disadvantages.

1. It is usually thought that too little room is given by this method for the removal of large kidneys, &c., &c.

2. In a fat subject the organ may be difficult to reach.

3. The pedicle is less easily reached.

4. If the kidneys be very adherent, important structures, e. g. the peritoneum and colon, may be opened into unless great care is taken.

5. The condition of the opposite kidney cannot be examined into.

*Abdominal Incision.* Advantages.

1. Additional room in case of large kidneys.

2. More easy access to the pedicle.

3. The possibility of examining the other kidney.

Disadvantages.

1. The peritoneal cavity is opened.

2. The peritoneal cavity may be seriously contaminated, &c.

3. The intestines may be difficult to deal with, &c.

4. The handling and interference with the contents of the peritoneum may cause considerable shock.

5. The vitality of the colon may by interference with its blood supply, be endangered.

6. It is more difficult to deal with any dense adhesions which may exist behind the kidney.

7. Effectual drainage is less easily provided in case of any contamination