NEPHRO-LITHOTOMY CASES (CONTINUED).

No.	Operator.	Age and Sex.	Number and Size of Calculi.	Result.	Reference.	Symptoms and Remarks.
50	Briggs.	30, f.	Large size (cut given).	Death.	Ibid., Feb., 1889, i, 37.	Both kidneys filled with enormous calculi.
51	Werdin.	52, m.	112 grs. Oxalate lime.	Recovery.	Trans. Conn. Med. Soc., 1890, 213.	Colic; pyonephrosis.
52	Tait.	Not stated.	Large, 4½ oz.	Recovery.	South. Clinie, Feb., 1887, 33.	Abdominal route.
53	Tait.	Not stated.	Large.	Recovery.	Ibid.	
54	Wright.	50, m.	1×½ in. Oxalate lime.	Recovery.	Med. Chron., Manchester, 1888, iv, 378.	Pyonephrosis.
55	Whipple.	Not stated.	Not stated.	Recovery.	Prov. M. J., Leicester, 1890, x, 329.	
56	Whipple.	Not stated.	Not stated.	Recovery.	Ibid.	
57	Mencl (Havana).	Not found.		Recovery.	Chron. med. quir., Habana, 1888, xiv, 79.	
58	Footner.	38, m.	822 grs.	Recovery.	Brit. M. J., 1892, i, 69.	Colic 20 years; tumor; hæmaturia; branched calculi.
59	Dinsmoor.	32, m.	½ in. diam.	Recovery.	Northwest. Lancet, 1892, xii, 21.	Colic; pain in loins; hæmaturia.
60	Myles.	20, m.	282 grs.	Recovery.	Dublin J. Med. Sc., 1892, xciii, 99-104.	
61	Guyan.			Recovery.	Ann. d. Mal. d. genito-urin., Par., 1891, ix, 849-69.	
62	Parks.	M.		Recovery.	M. and S. Report, Phil., '88, lix, 406.	
63	Godlee.	37, m.	Uric, large masses.	Death (hæm'ge from kidney).		Following a nephrolithotomy on opposite kidney 6 months before.
64	Barling.	19, m.	2 oz.	Recovery.	Lancet, Lond., 1890, ii, 819.	Pain in groin 15 years.
65	Keyes.	M.	Phosphatic.	Recovery (distula).	Med. Rec., N. Y., '90, xxxvii, 141-4.	
66		38, m.	Size of marble.	Recovery.	Ibid.	Colic; tumor; pyuria; abscess.
67	Sheppard.	19, m.	Two. 24 grs., 2 grs. Uric.	Recovery.	Ann. Surgery, St. Louis, '89, x, 339.	Lumbar pain. Nephrotomy done in 1888; no calculus found at that time.
68	G. W. Gay.	43, m.	5 oz.	Recovery (distula).	Bost. M. and S. J.	Colic; pyuria; tumor; approaching invalidism.

agnosis at a time when it is the most important that it should be made, to wit, in the early stage of the disease or before irreparable injury has been done to the organ.

If the symptoms are prominent, persistent, and severe, and if the patient is disabled and rendered unfit to enjoy life by reason of this disturbance, then an exploratory operation is to be recommended, as being reasonably safe, and as offering chances for a more or less permanent relief. As time goes on it is not too much to hope that experience will enable us to make an earlier and surer diagnosis, and thus to treat these patients with greater success, and with more satisfaction to the surgeon.

So far as the operation itself is concerned, it is an easy matter to open a dilated or enlarged kidney in a thin, spare person. It is a very different thing to expose and incise one of normal dimensions in a stout, fleshy individual without opening the peritoneum. The space between the ilium and ribs is limited; the kidney lies deeply buried in fat, and often high up behind the ribs; it may be very movable, difficult to steady, and still more difficult to be pushed up into the wound. The hæmorrhage from the external wound is usually readily controllable, but that from an incised kidney may be profuse, and, even if not specially dangerous, it may serve to delay the operation much longer than is desirable.

In conclusion it may be said that the achievements in kidney surgery in many directions have been brilliant. Foreign bodies have been successfully removed, suppurating cavities have been drained, wandering members in the shape of floating kidney have been brought back to their original home, and useless or mischievous organs have been removed. As regards calculi, until some solvent method more efficacious than any known to the profession at present is devised,

relief must be sought at the hands of the surgeon, even if the results are not always as favorable as could be desired.

Clinical Department.

AN OPERATION FOR RENAL CÁLCULUS.

BY H. O. MARCY, M.D.

I wish to briefly report a case which I operated upon recently:

J. Q., aged twenty, a sufferer during the last winter with pain in the right renal region. Passed urine in normal quantity without special diminution of urea, but it contains a constant and large quantity of pus. Has lost flesh, and for some weeks there has been a slight rise in temperature. Is anæmic. Slight fulness in region of kidney, and at times tender on pressure.

With the assistance of Dr. A. P. Clarke, of Cambridge, I made the ordinary lumbar incision; and upon opening the thickened capsule, several ounces of thick, cheesy, rather fetid pus escaped. The sound entered about five inches, but no calculus was detected. A large-sized, double drainage-tube was inserted, and the wound dressed with iodoform gauze. A small quantity of urine escaped by the wound, and pus continues in considerable quantity in the urine. The general condition has improved, yet I am in the belief that a calculus is deeply imbedded in the kidney and must yet be removed.

PROFESSOR FISCHER, of Würzburg, is to succeed Prof. A. W. von Hoffmann in the Chair of Chemistry at the First Chemical Institute in Berlin. Professor Meyer, of Heidelberg, will replace him at Würzburg.

Read before the Suffolk District Medical Society, April 30, 1892.