but more experience has not confirmed this. However, it has been shown that cold baths are harmless. Now they are used rarely in pneumonia unless there is hyperpyrexia, when ice-cold baths and packs are relied upon.

OPIATES.

Pain, coughing and weariness caused thereby often lead to the administration of opiates and other soporifics. Such drugs can be used safely only in mild cases and at the onset of the malady, for later they will make respiration shallower and less vigorous, thus contributing to the development of cyanosis. They also suppress coughing and thereby lead to an accumulation of mucus in the air passages, which will interfere with breathing. Moreover, elimination by the kidneys is lessened by them. The inutility of the autopenumonic serums upon the market has been shown recently by several writers and need not be discussed in detail by me.

PROPHYLAXIS.

After this short and somewhat imperfect review of the treatment of pneumonia, past and present, I believe that you will agree with me that never have physicians known so much of the nature of pneumonia or used remedial agents more intelligently than now. It is not their fault that the mortality of this disease is increasing. But is the medical profession altogether free from blame for its prevalence? Prophylactic measures have not been enforced as they should have been. It is well known that the cause of pneumonia is a micro-organism in the sputa of those suffering from the disease, and that the malady is engendered by inhaling it. Therefore, the same care should be taken to collect and destroy the sputa that is taken in pulmonary tuberculosis. It is not, however, a sufficient precaution to exercise this care during a patient's brief sickness, because the diplococcus of pneumonia is known sometimes to live and multiply for months and even years, in the mouth, pharynx and nose of those who have had the disease. Therefore, during convalescence, and for at least two or three weeks thereafter, expectoration, if it occurs, should be into a sputa cup containing an antiseptic and water. Moreover, the patient's mouth should be rinsed several times daily with an antiseptic mouth wash. During the illness the greatest pains should be taken to prevent soiling bed clothing, carpets or furniture with the sputa. After the illness the patient's room should be thoroughly cleaned and ventilated. The enforcement of such measures will help to lessen the spread of this disease and will greatly lessen the frequency of its recurrence in those who have had it.

The facts that house epidemics are not infrequent and that the disease prevails as other contagious and highly infectious ones do in the winter season, when people are most crowded together and live much of the time in badly-ventilated apartments, suggests another prophylactic measure, which the public should be taught to apply, namely, thorough ventilation of houses, offices, factories, theaters, churches, cars and other public places, in order that the air which must be breathed may be kept clean and free from infectious matter.

Laymen should be taught not to be afraid of a patient who has pneumonia, influenza or tuberculosis, but to be afraid of lack of cleanliness about him during his illness, of failure to enforce prophylactic measures and of close, badly ventilated apartments during the seasons when these diseases prevail.

Although experiments with pneumonic serum have shown that a temporary immunity can be created in certain lower animals, it can not be in man. These experi-

mental successes, however, lead us to hope for more certain means of preventing pneumonia than we now possess.

SYMPTOMATIC TREATMENT.

"Masterly inactivity" does not lead to success in the treatment of pneumonia, but intelligent, masterly activity directed to the preservation of strength and amelioration of symptoms which cause discomfort, does. Above all things it should be remembered that it is not a Greek name which is being treated, but a living man, to whose changing needs treatment must be adapted. Indeed, that physician will be most successful who has not a routine treatment for the disease, but who can appreciate the condition of his patient, and who knows how to meet each condition with appropriate remedial agents.

LIFE AND WORK OF THE LATE PROFESSOR CHRISTIAN FENGER.

MEMORIAL ADDRESS DELIVERED TO THE GRADUATING
CLASS OF RUSH MEDICAL COLLEGE, APRIL 4, 1902.

N. SENN, M.D., PH.D., LL.D., C.M.

PROFESSOR OF SURGERY.

CHICAGO.

At non ingenio quaesitum nomen ab aëro excidet: ingenio stat sine morte decus. (Propertius.)

On November third, nineteen hundred, there transpired an event in the city of Chicago unparalleled in the history of medicine. The great banquet hall of the Auditorium Hotel presented an inspiring scene. Four hundred and eighty physicians representing one hundred and thirty-nine medical societies and every section of the country, from Canada to the Gulf and from the Atlantic to the Pacific, were gathered around the festive board in honor of a colleague who, by his pioneer scientific work in this city, had won their esteem and veneration. No participant of that great banquet will ever forget the transactions of that memorable evening. It was a gathering characterized by an unanimity of feeling. Colleagues and students had come to pay their tributes to a master. The occasion was a genuine love feast. The walls of the great hall echoed cheer after cheer in honor of the guest of the evening. The speeches made recited the deeds of the central figure of the festivities and congratulated him on the high position he had attained in his profession.

The honored guest had reached the mature age of 60. For twenty-three years he had been the guiding star of the local profession. During this time by his indefatigable labor he had brought about a reformation in the teaching and practice of surgery that harmonized with the progressive spirit of the present age. By the most unselfish and hardest kind of work he had won the esteem and affection of his students and colleagues. From the moment he set his foot on American soil he entered enthusiastically upon his missionary work by teaching and example. In that great audience were a large number of his most illustrious students who owed their early success in life and their high professional attainments to their master, who stimulated and encouraged their desire for scientific knowledge and original research. If it had not been for such an inspiring and guiding spirit, the medical world might never have heard of Billings, Murphy, Herrick, Belfield, Favill, Hektoen, besides scores of others of his former students, who now occupy, with them, the front rank in the medical profession. These students manifested

for the guest of that evening a devotion and love next to filial, and would without dissent say with Juvenalis:

Lightly lie the turf, ye gods, and void of weight, on our Grandsires' shades, and round their urn may the fragrant crocus bloom and eternal spring, who maintained that a tutor should have the place and honor of a revered parent.

There were assembled professors and students from many different medical schools and members of the medical profession from all sections of the country for one great purpose—to give expression of their appreciation of the scientific work done and the noble example set by the distinguished guest. No medical man ever received a greater ovation than this. Young and old, near and distant, distinguished and humble, all were bent upon contributing to the laurel wreath with which to crown the noble brow of the hero of many a bloodless battle with disease and death. The honored guest received the encomiums and congratulations with a modesty characteristic of the man and with a dignity that graces the profound scholar. That evening planted a new milestone in his life. He appreciated keenly the honor bestowed upon him. He felt more than before that his work had been appreciated and had yielded fruit far beyond his expectations. It was a source of encouragement that aroused in him new enthusiasm and renewed energy. He felt that youth had returned and resolved to penetrate still deeper into the mysteries of disease and to devise new measures of relief. He knew not then that he was so near his grave. Death had marked him as an early and easy prey. Sixteen months later, in less than a week, the pneumococcus did its deadly work. Friday, March seventh, nineteen hundred and two, his noble soul left its tenement of clay and took its flight heavenward. He was prepared for the inevitable. He could say with Bryant:

So live, that when thy summons comes to join
The innumerable caravan which moves
To that mysterious realm where each shall take
His chamber in the silent halls of death,
Thou go not, like the quarry-slave, but sustained and soothed
By an unfaltering trust, approach thy grave
Like one that wraps the drapery of his couch
About him, and lies down to pleasant dreams.

March 10, 1902, is another day that will never be forgotten in the medical history of Chicago. The central figure is the lifeless corpse of the guest of the banquet. His friends, colleagues, students and grateful patients wend their way to the New England Congregational Church to pay their last tribute to the honored dead. Hundreds failed to find standing room. All eyes are fixed on the casket that holds the precious remains. What a change from the gay banquet hall to the solemn, sacred house of God! There clinking of glasses, merriment and speeches of congratulations; here the solemnity of the occasion is awe-inspiring. There happy, smiling faces; here moist eyes and quivering lips. There the warm grasping hand of the guest of honor; here the rigid, cold, lifeless remains. There the intellectual giant; here the mold of clay without a soul. There to honor the living; here to mourn the loss of the departed. There merry songs; here the solemn tones of the organ chanting the funeral dirge. His devoted colleagues from all the medical schools in the city, with their students, are assembled to mourn the loss of the departed. Fenger is dead, but his work will live as long as science shall be taught and as long as surgery shall be practiced. Death claimed him in the prime of life and at the zenith of his well-earned repu-

tation and we, his sorrowing friends, must find consolation in what Propertius says:

The day of death is best which comes seasonably at a mature day.

His life-work was not finished. He had in contemplation the elucidation of many profound problems which, if he had lived, would have been his most important contributions to the advancement of surgery and for this reason we deplore his premature loss and fully coincide with Plinius Minor, who wrote:

Death is ever, in my opinion, bitter and premature to those who are engaged in some immortal work. For those who live from day to day, immersed in pleasure, finish with each day the whole purpose of their existence; while those who look forward to posterity and endeavor by their exertions to hand down their name to future generations, to such death is always premature, as it ever carries them off from the midst of some unfinished design.

A life spent in the advancement of the science and art of medicine and surgery and in the relief of suffering humanity entitled him to eternal rest without suffering from the discomforts and trials of old age. He above all others had a right to appeal to death in the language of Sallustius:

O Death, thou deliverer, do not slight me, coming to thee; for thou alone art the physician of incurable ills; no grief reaches the dead.

This is the time and occasion to speak of the life and work of the late Professor Fenger, the subject of this memorial address. You, gentlemen of the graduating class, have reaped the benefit of his great learning. You have listened to his words of wisdom and you have seen the work of the master surgeon. His teachings and his example should guide you in your surgical practice. Enthusiasm is contagious. None of his clinical lectures could fail to create in every one of you a burning desire to grasp and master the scientific part of the art of healing and to incite an unquenchable thirst for original investigation. He practiced his noble profession not for pecuniary gain, neither did he look for unmerited fame. He was fully impressed with the truth of:

I do not like the man who squanders life for fame; give me the man who, living, makes a name.—*Martialis*.

He loved surgery as a science; he despised it as a trade. He revered the teachings of the old masters, but craved for the brilliant light kindled by modern research and investigation. He was familiar with the works and deeds of the pioneers of our profession, but eagerly looked for and applied modern methods. In his dealings with his clients he was honest. He never used the knife unless he was confident that the operation would benefit his patient. Nothing could entice him from what he considered to be his duty. Money and reputation were, with him, secondary considerations. Fenger was a tireless worker. He seldom allowed himself a vacation. He found the greatest happiness in the operating room, the morgue, laboratory and library.

As you enter upon the threshold of the profession of your choice, resolve to imitate the life and work of your late professor of clinical surgery. Honor your departed teacher by conforming with his modesty, industry, honesty and charity. If you do this, success is certain to reward your earnest efforts. The subject of this memorial address first saw the light of this world at Copenhagen, Nov. 3, 1840. He was the descendant of an influential and highly respected Danish family. It was very appropriate that his parents gave him the name of the reigning King, Christian, as the babe was des-

tinged to become a king among kings in the medical world.

During his lifetime he did more for humanity and the advancement of science than any of the crowned heads of Europe. He proved to be by thought and actions a real Christian.

Very little is known of his youth. I have reason to believe that Fenger never was a boy. He was born with an earnest, serious disposition, which must have manifested itself during his childhood days. He received a thorough academic training, and graduated from the Medical Department of the University of Copenhagen in 1867. He seldom attended any of the didactic lectures read from yellow, faded manuscripts. He imbibed his knowledge from the most recent text-books and from his work in the dissecting room, morgue, and laboratories and faithful attendance upon clinics. He served for two years as assistant to Prof. William Mayer and an additional two years as an interne in the Royal Frederick Hospital. His thesis for the degree of doctor in medicine, on "Carcinoma of the Stomach," indicated the bent of his inquiring mind. He showed by his careful investigations, clinical and postmortem, that a direct relation exists between the location of the disease and branches of the pneumogastric nerve; in other words, in explaining the clinical phenomenon—pain—he demonstrated the involvement of nerves by the carcinomatous process, when the disease is at all productive of pain.

From the time of his graduation he manifested an ardent desire to become a teacher. He passed the requisite examination, but failed to secure the position he desired, and this proved to be a turning-point in his professional career. After having served as prosector from 1871 to 1873 and as privat-docent at the City Hospital during 1873 and 1874, he went to Egypt and became a member of the Sanitary Council and Surgeon to the Khalifa, District of Cairo. This service gave him an opportunity to master the Arabic language and to study tropical diseases. If his desire for the pathologic chair in the university had been granted, Fenger would never have become an American citizen, and the world would have known him only as a famous pathologist. He had an opportunity to become familiar with military surgery during the Danish-Schleswig-Holstein and Franco-Prussian wars.

He came to the United States in 1877 and settled in the city of Chicago, which has since been his home. It was here he made his reputation as a surgeon and a teacher. His previous training served him well and enabled him to establish in a very short time a large surgical practice. Almost from the moment he located here he became a teacher. His work in the morgue of Cook County Hospital first attracted the attention of the profession. His profound knowledge of pathology was recognized at once by all who attended his postmortem examinations. The first time I saw Professor Fenger was in the autopsy room of the County Hospital in the fall of 1878. The subject on the table had died of sarcoma. The dissection revealed metastatic tumors in two ribs, a complication which certainly would not have been detected by a less thorough and competent pathologic anatomist. The demonstration was a revelation to all present. At that time his knowledge of the English language was very limited, but the instruction given left no clouds of doubt in the minds of his hearers concerning the nature of general metastasis of sarcomatous tumors. His skill in making postmortems was un-

surpassed. He was an enthusiast in this branch of the science of medicine. He loved that kind of work and never failed in formulating practical conclusions of far-reaching import in a clear, concise manner from every examination. He did not forget nor lose interest in this field of research when he saw the shadows of pale death approaching, as one of the last requests he made was that a postmortem should be made on his body. He was the first teacher of modern pathology in this city. He was an expert in the use of the microscope as an instrument of scientific investigation and an aid to diagnosis. All diseased tissue he removed was subjected to a scrutinizing microscopic examination and in all obscure cases he resorted to the use of this instrument before he made his final diagnosis. He was well-versed in bacteriology and kept pace with the speedy growth and wonderful revelations of this, the most recent and important of the fundamental branches of scientific medicine. With Fenger at the head and his internes and students for a nucleus, a school of modern pathology was founded in this city, the influence of which has penetrated every medical school and medical society, not only in Chicago, but throughout the entire Northwest.

From 1878 until his death he was connected with the County Hospital as Attending and Consulting Surgeon. The internes of this institution idolized him. For years his internes came to his house every Thursday evening. These little gatherings will never be forgotten by those who had the privilege to attend them. Fenger was host and teacher at the same time. The microscopes were brought into requisition, and specimen after specimen was examined and explained, history sheets were consulted, the newest medical literature was discussed and usually before any of them were aware of the lateness of the hour a new day was born before the meeting adjourned. This unselfish work of Fenger has been the most important element in the progress of medicine and surgery in Chicago. Many of his faithful students are now distinguished teachers, and through them the teachings and example of their master will live. I am sure every one of his internes and students will say:

What nobler employment, or more advantageous to the state, than that of the man who instructs the rising generation.—*Cicero*.

And:

He was a scholar, and a ripe and good one;
Exceeding wise, fairspoken, and persuading;
Lofty and sour to them that loved him not,
But to those men that sought him sweet as summer.

—*Shakespeare*.

Fenger is not only known as a pioneer of modern pathology in this country; he was likewise preëminent as a surgeon. For eighteen years he taught surgery in the College of Physicians and Surgeons, Northwestern University Medical School and Rush Medical College. The climax of his reputation as a teacher of surgery was reached during the last two years, as Professor of Clinical Surgery in Rush Medical College. His students fairly worshipped him. His very eccentricities became a source of fascination. He made the most elaborate preparations for every clinic. He was not a fluent speaker, but

Words are like leaves; and where they most abound,
Much fruit of sense beneath is rarely found.—*Pope*.

Every word he uttered betokened a profound knowledge of the subject or case under discussion. Fenger was an artist. Every operation of any magnitude he performed, he illustrated by colored blackboard draw-

ings, portraying accurately the pathologic conditions, surgical anatomy and technique of the operation.

In his clinical work he forgot himself and time. Where is the man willing and capable to conduct a clinic from two o'clock in the afternoon until nine o'clock in the evening? This was done by Fenger shortly before he was stricken down by the fatal disease. His hospital experience was enormous. His well-earned reputation as a surgeon opened for him the doors of many institutions. During his residence in Chicago he was surgeon to Cook County, Passavant Memorial, Tabitha, German, German-American and Presbyterian hospitals. His works of charity in all these institutions will more than balance any of the princely gifts of our multi-millionaires in the sight of Him who will render final judgment. As a surgeon, Fenger was conscientious, painstaking and thorough. He did not operate for the sake of operating. He looked as carefully for contra- as for indications for an operation. He detested all attempts at display of manual dexterity. He operated slowly but deliberately. Every one of his operations was a careful anatomic dissection. He did not shrink from the most difficult operation if he could see a clear indication for it. He has performed more difficult operations than any other surgeon in this country. He was not a specialist in surgery. The brain, the spinal cord, the contents of the abdomen and pelvis were to him familiar territories.

Fenger took active interest in all of the medical and surgical societies with which he was connected, and at the time of his death was President of the Chicago Medical Society and the Chicago Surgical Society. His scientific and humanitarian work won the favor of his former king who recently conferred upon him the distinguished order of Ridder af Dannebrog.

The medical profession of Chicago respected and honored him during his lifetime; it mourns his premature death. It is an honor to die the death of a patriot on the battle-field; it is still a greater honor to die during the useful years of a great teacher, a distinguished surgeon, a recognized scientist and, what is more than all, a benefactor of suffering humanity. This was the fate of my most intimate friend and beloved colleague, Professor Fenger. I can say of him:

He died full of years and honors, equally illustrious by those he refused as by those he accepted.—*Plinius Minor*.

Fenger was a prolific contributor to the current medical and surgical literature. During the last thirty years he contributed more than eighty articles, all of which have found a permanent place in the writings of the authors of the present age. All of his articles breathe a spirit of original research, scientific investigation and profound literary study. He never made a display of his vast clinical material, and had the moral courage to report his unfavorable cases for the benefit of his colleagues and honest, reliable medical literature. For years I have requested him to write a book on some of the pelvic subjects he had made an object for special investigations. He was too modest to undertake such a task. The world will never realize what he knew of pelvic surgery. Fenger never understood his conspicuous position in the scientific world; his child-like modesty blocked many avenues to even greater recognition and worldly fame.

His fame here and abroad came unsolicited and unexpected, in recognition of his unselfish work as a scientist, surgeon, author and humanitarian. He was one of

the few men in our profession who could honestly say, with Pope:

Unblemish'd let me live, or die unknown;
O grant an honest fame, or grant me none.

Fenger was a striking personality. In a throng of people his presence could not fail to attract attention. He was of medium height, with a physical constitution that did credit to his ancestors and the country of his birth. He was a blonde, a perfect type of the hardy Norsemen. His commanding forehead and ruddy face were deeply furrowed, not by the ravages of time, but carved from the effects of unceasing mental toil. His face reflected the image of a deep thinker and ripe scholar. The azure blue eyes could smile like the spring sun when he was in good humor, but when his passions and feelings were wrongfully aroused, they became darts that would bring into submission his most formidable enemies. As a man, Fenger had no superior. He was charitable toward the weak. He delighted in attacking the great when he was satisfied they were in the wrong. Modesty was one of his greatest virtues. His child-like simplicity was charming; his magnanimity toward students and colleagues almost proverbial. As a friend, he was true and steadfast. His home was a haven of rest and peace. He had no use for clubs; his home was his club-house. His faithful wife anticipated all of his wants and relieved him of the many drudgeries incident to a busy professional career. His two surviving children, Frederick and little Augusta, loved their affectionate father dearly, and will never cease to mourn his premature death. Fenger's great anxiety always was to make ample provision for his family and it is a source of great satisfaction to his friends that he succeeded in doing so.

During last summer his working power was taxed to its utmost by a large practice and arduous clinical teaching. He spent the month of January with his family in Southern California and returned from his vacation rested, the picture of health and approached the work awaiting him with an unbounded enthusiasm. The mental quietude inspired him with many new ideas he was anxious to materialize and make useful by experimentation and clinical observation. How little he anticipated that relentless death would end his useful busy life in such a short time! His last operation in the clinic was a complete laryngectomy for carcinoma. His patient made a satisfactory recovery, but the fertile brain that planned the operation and the dexterous hands that executed it had performed their last task in relieving suffering humanity. He was attacked with a most virulent type of pneumonia, March 2, and died Friday, March 7. During his illness he was attended by three of his most distinguished and faithful pupils, Billings, Favill and Herrick, who were with him nearly all the time and who were present at the bedside when the great heart of their master ceased to beat. It is safe to state that no foreign-born physician ever came to this country who left behind such an enviable record as Professor Fenger.

What was the secret of his marvelous success? It was his diligence, perseverance, the hardest kind of unselfish work. From the beginning of his professional career he comprehended fully the meaning of:

Few things are impossible to diligence and skill.—*Johnson*.

And:

Diligence increaseth the fruit of toil,
A dilatory man wrestles with losses.—*Hesiod*.

His whole time and all his thoughts were devoted to

his profession. He was never idle. Before his time was absorbed by an exacting practice, he occupied the spare hours by doing scientific work. As his practice increased, the midnight hours for study became longer. He had no use for clubs, theaters, athletic games or social functions. He never ceased to be a tireless student. His linguistic attainments were a great aid to him in absorbing and digesting the medical literature of the world. He was a careful, critical reader and always made extensive notes of what he read, which were classified and could be utilized whenever needed. He never went to his clinic without notes to which he could refer in discussing the case under consideration. His clinical lectures in print would have been so many exhaustive monographs on the principal cases presented, illustrated by artistic colored crayon drawings. As a diagnostician, he had no superior. He examined his cases with the utmost care and in obscure, doubtful cases made use of all modern diagnostic resources before he made his final diagnosis. His accurate knowledge of anatomy and morbid anatomy made him a safe and successful operator. There is no operation in surgery and gynecology he did not perform. He was quick to adopt and practice new operative procedures when he became satisfied they were improvements upon older methods.

It was his diligence, his application, his honesty, his deep learning that commanded the respect and won the affection of his colleagues and riveted the attention of his students. He was the architect of his fame and success. After years of unselfish toil, when he had reached the pinnacle of his fame, he could say, with Beattie:

Ah, who can tell how hard it is to climb
The steep where Fame's proud temple shines afar?

Fenger is dead, but his example and his work will always live. He is now at rest from his labors, where sorrow, pain and death are unknown.

Let us weep in our darkness, but not for him;
Not for him who, departing, leaves millions in tears;
Not for him who has died full of honor and years;
Not for him who ascended Fame's ladder so high
From the round at the top he has stepped to the sky.

—Willis.

Finally, let us say to our departed friend, esteemed colleague and beloved teacher:

Fare thee well! And if forever,
Still forever fare thee well.—Byron.

NEPHRECTOMY, SUBSEQUENT NEPHROTOMY AND FINALLY SUPRAPUBIC CYSTOTOMY.*

E. D. FERGUSON, M.D.
TROY, N. Y.

The serious or fatal result that often arises from moderate or even slight operative interference with the genito-urinary apparatus, as in anuria from a nephrotomy, or serious "urinary fever" from the passage of a urethral instrument, has its counterpart in the occasional tolerance of extensive, repeated and prolonged operative procedures on these organs.

The past twenty-one years, during which a portion of the care of the kidneys has passed from the field of the physician to that of the surgeon, have been marked by notable examples of the change in our lines of demarcation for work, and even now the relative fields are changing in the claim that Bright's disease, at least in some varieties, is to come under the surgeons care.

In the somewhat over fifteen years, during which I have had occasion to resort to surgical measures on the kidneys, I have had opportunity to realize that a fatal result could supervene in what seemed a relatively slight operation, while on the other hand, what appeared desperate measures have resulted in a progress to recovery unmarked by untoward incident.

The most striking example that has occurred in my personal experience is that of a young boy, whose case is the subject of this paper, on whom a series of operations has been made, each one of the series being serious, one of them exceedingly so, and at no time have the measures been followed by an untoward symptom.

NARRATION OF THE CASE.

History.—Nov. 5, 1901, the boy, aged 8, was admitted to the Samaritan Hospital. Feb. 28, 1901, he had fallen from another boy's shoulder, and two or three weeks thereafter a painless swelling developed in the right hypochondriac and lumbar

region. As it seemed to be cystic, a trochar had been introduced into the right loin with the result that the "cyst" was evacuated and a urinary fistula remained. Though he was weak, thin and anemic, he did not suffer pain, and entered the hospital mainly for relief from the annoyance of the displaced discharge of urine. An examination of the fluid escaping from the fistula showed it to be urine, faintly alkaline, with triple phosphates, while an examination of the urine from the bladder showed a few pus cells, was acid, slightly hazy, colorless, and a sp. gr. of 1022. He was subjected to radiography with the result shown in Fig. 1, wherein are shown two small calculi in the right kidney and one, somewhat larger, in the left.

There being no evidence of present injury from the calculus in the left kidney, it was decided to undertake a nephrotomy on the right side with a view to removal of probable obstruction of the ureter. In this conclusion I was in error, for the persistence of the fistula in the loin due to the simple introduction of a trochar should have suggested a wound of the pelvis of the kidney rather than through the kidney substance, for it is well known that injuries of the renal pelvis are com-

* Read at the meeting of the Second District Branch of the New York State Medical Association at Troy, May 29, 1902.