

TWO PRACTICAL INSTRUMENTS FOR USE
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KIDNEY FORCEPS.

The difficulty often encountered in bringing a kidney into the wound for inspection or excision must be apparent to every one who has had considerable experience in kidney surgery. Heretofore no instrument, to my knowledge, has been better than the hand for delivering the kidney, but this requires in most cases a much larger

incision than is necessary to deliver the kidney alone. The instruments generally used, such, for example, as the large curved hemostatic forceps, injure the organ if directly applied. In search for an instrument suitable for grasping the kidney and allowing a certain amount of tension, I discovered that the small veterinary obstetric forceps most nearly answered the purpose. From this forceps I evolved the kidney forceps, which is shown in Figure 1. The method of application is also well shown. It clasps the kidney and permits traction through a small incision without injuring the organ itself.

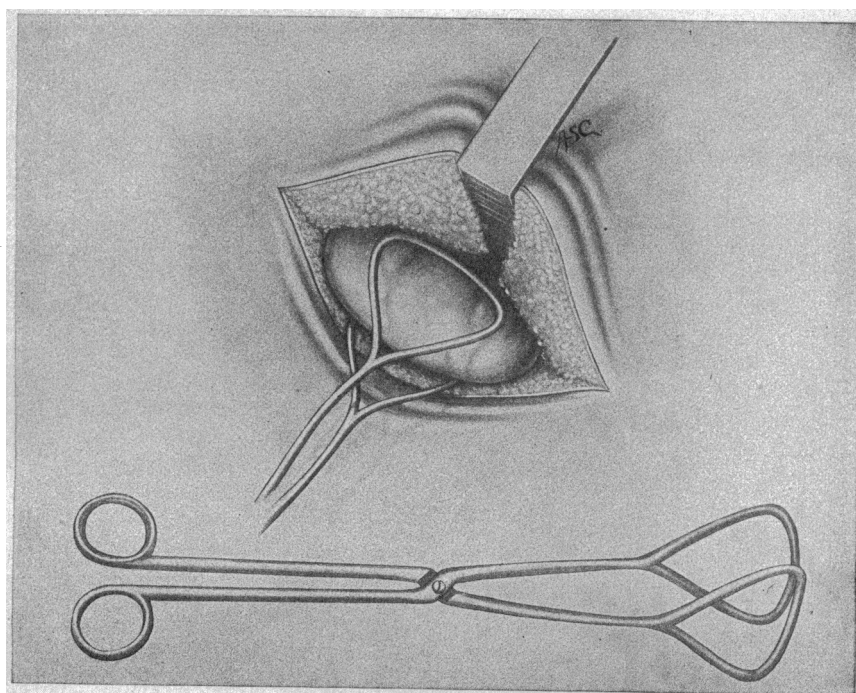


Fig. 1.—Kidney forceps.

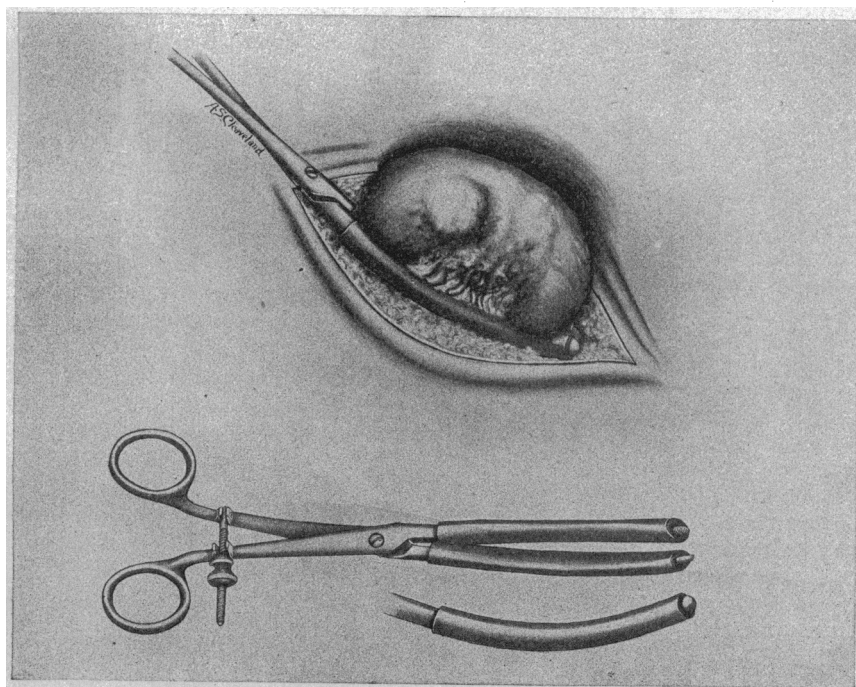


Fig. 2.—Vessel clamp.

VESSEL CLAMP.

In certain operations when it is desirable to explore the kidney I have used a vessel clamp, which is shown in Figure 2. This is an ordinary curved intestinal clamp, the blades covered with rubber tubing and a setscrew substituted for the clutch in the handle. With this clamp the renal vessels may be compressed sufficiently to shut off the circulation without injuring them, and a bloodless nephrotomy done. Compression with the fingers, which becomes tiresome if the operation is prolonged, may by this method be avoided. The advantages over a tape, the fingers, or a temporary ligature are the convenience of application, the regulation of compression by means of the setscrew, the small danger of injury to vessels, and the small amount of space required.

The exact length of time in which anemia of the kidney may be produced without injury to the organ is not definitely determined, but from experimental as well as clinical evidence the length of time required for ordinary nephrotomy may be used without any apparent damage to the kidney.

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Practical Value of Sour Milk.—

George M. MacKee, in the *Dietetic and Hygienic Gazette*, states that the present use of sour milk is based on the following attributes: First, the casein has been subdivided and transformed so as to be more readily absorbed than that of sweet milk. This makes fermented milk of great value when a non-irritating, easily digested, quickly absorbed and well-tolerated food is required. Second, as a result of carbohydrate fermentation, sour milk contains lactic acid, which tends to prevent the development of putrefactive and other injurious bacteria, both in the milk itself and in the intestines. Hence, such milk is safer than sweet milk of questionable origin and purity. Third, the carbohydrates have been converted into lactic acid, so sour milk is free from sugar which makes it a valuable aliment for diabetic patients.