child growing up to be an imperfect man. This is extremely doubtful advice, because an emasculated being is not female, but of a neuter sex, and has been deprived of certain perfected secondary characteristics, such as bodily and mental energy.

A NOTE ON NEPHROPEXY.

By FREDERIC EVE, F.R.C.S.,
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THE subject of the methods of performing nephropexy having been opened by Mr. Billington and others in recent numbers of the JOURNAL, I send a description of an operation which I have performed for some years.

The principles underlying the operation which I have taught are as follows:

1. That owing to the friability of the renal tissue the capsule only should be used for its fixation.
2. That a decorticated surface of the kidney should be brought into immediate relationship with the quadratus lumborum and psoas on which it normally lies without the intervention of any connective tissue.
3. That no sutures should be affixed to the capsule of the kidney in its upper third, as when passed through the parietes they would as a rule fix the kidney in a position below that which is normal.

THE OPERATION.

The kidney is exposed through a vertical incision, with a slight inclination outwards, running parallel with the outer edge of the quadratus lumborum. The fatty capsule is opened and stripped from the kidney, which is then brought out through the wound. An incision is made through the kidney capsule on its posterior surface parallel to and about three-quarters of an inch internal to the convex border. This is carried from above, at the junction of the upper with the lower two-thirds, downwards to the inferior pole. The capsule is then stripped off the posterior surface from the incision as far as the hilum. And again it is stripped from the incision in a forward direction over the convex edge to the middle of the anterior surface. The detached flaps of capsule are then rolled or folded together, so that there are two rolls parallel with the axis of the organ, one lying on the posterior surface just external to the hilum, the other about the middle of the anterior surface of the kidney. Through these rolls of capsule silk sutures are passed at equidistant points, three on the posterior and three on the anterior surface; they range from the inferior pole to the junction of the upper with the lower two-thirds of the kidney. To ensure a firm hold each suture is carried two or three times through the rolled-up capsule. Each suture is then clamped with a separate pair of artery forceps, the needle—a small curved one—being retained in the suture; and to prevent confusion a different pattern of forceps is placed on the anterior from those on the posterior row of sutures. The kidney is then replaced in the abdomen. The fatty capsule posteriorly is pushed inwards or cut away, and the loose cellular tissue is stripped from the surface of the quadratus lumborum. The kidney is held forwards by a broad retractor, while the operator passes the three needles carrying the posterior sutures transversely through the substance of the quadratus lumborum, the uppermost suture being placed as high as possible. To do this properly the operator must be provided with an electric forehead lamp. These sutures are then tied so that the roll of capsule posteriorly is firmly fixed to the anterior surface of the quadratus lumborum. Next the anterior lip of the wound is retracted and the three anterior sutures are carried through the fascia transversalis and subjacent muscle as far towards the middle line as possible. The anterior row of sutures I consider of little importance, and have sometimes omitted them. The wound in the muscles is closed with catgut, and the skin wound with silkworm gut. The operation is rendered easy by the method of passing sutures through the detached capsule before the kidney is replaced in the abdomen.

I have seen several of my patients at intervals of some years after the operation, and have always found the kidney firmly fixed, and in good position.

MEMORANDA: MEDICAL, SURGICAL, OBSTETRICAL.

A CASE OF INJURY TO THE SHOULDER.

THE following case, being of an uncommon character, seems worth recording. The patient, a laundry vanman, aged 18, consulted me on October 3rd, 1907, stating that he had fallen from his bicycle on to his outstretched hand.

On examining him the head of the humerus was very distinctly felt, resting in the subspinous position. The dislocation was reduced with very little difficulty by Kocher's method. After reduction no shortening could be detected. The arm was fixed to the side for five days, after which massage and passive movements were commenced. As considerable difficulty occurred in movement, the humerus getting apparently "locked" with the arm at an angle of 30° from the vertical, my friend Dr. Nuttall kindly skilographed the case. The picture obtained revealed an impacted fracture of the anatomical neck, and showed that the locking was due to the greater tuberosity impinging on the coracoid process.

Nevertheless the upward movement of the arm is only slightly lessened, the patient being able to bring the hand well above the head and to reach the back of the neck. He has now returned to his work and with the exception of difficulty in raising parcels high with the right hand, he complains of no inconvenience. In the skilogram the line of fracture can be distinctly seen, together with the callus thrown out around the shaft of the humerus.

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DIABETES MELLITUS IN THE CHINESE.

IN reference to the discussion on diabetes in the tropics at the last annual meeting, and to the question raised thereat as to the immunity from the disease which the Chinese as a race are supposed to enjoy, the following cases may prove of interest.

In 1902 I had under my care at Tamsui, North Formosa, a well-to-do Chinese farmer, aged 55, who presented most of the symptoms of typical diabetes mellitus. He passed daily between 150 and 200 oz. of urine of specific gravity 1036, containing 2 to 3 per cent. of sugar. He suffered from pruritus, eczema, and boils, and after about four months of treatment double cataract developed rapidly. His condition went from bad to worse, and he eventually died six months after I first saw him. Drug treatment did not benefit him in the slightest degree, while dieting proved too irksome.

His sister, a married woman aged 45, next consulted me for dyspepsia and increased secretion of urine. She also was found to be suffering from diabetes mellitus, and passing approximately the same percentage of sugar daily as her brother. The after-history of her case was not obtained, she having attended the dispensary but twice.

Neither brother nor sister indulged in European food; they were typical Chinese of the moderately well-off class. Formosa is but ninety miles from the mainland of China, and has been occupied by the Chinese for at least 300 years, the customs and habits of the present population differing little, even under Japanese rule, from those of the mainland dwellers.

Glycosuria is not an infrequent cause for refusal of life insurance risks in China. Out of some 200 examinations personally made in widely-separated districts I have come across 3 examples, 2 of which showed the presence of albumen in addition to sugar, the applicants being over 50 years old. The other case was an intermittent glycosuria in a man aged 30. In the out-patient department of a native hospital in Nanking one typical case of diabetes mellitus was detected out of some 24,000 individual surgical and medical cases drawn almost entirely from the very poor and the labouring classes. Perhaps the idea that diabetes was an unknown disease amongst the Chinese arose from the fact that until comparatively recently foreign medical treatment was better appreciated by the coolie class than by the wealthier and more conservative merchants and officials, and because examinations of wealthy natives for insurance were not so common in China ten years ago as they are to day.

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