

	Common	Right	Left
Reaction	Acid	Acid	Acid
Sp. G.	1027	1025	1028
Appearance	slightly turbid	clear?	clear
Urea	—	3.5%	3.8%
Alb.	—	0	0
Sugar	—	—	—
Mx.	pus	pus and hyaline	1 or 2 leukocytes
Culture	Staphylococcus	casts	

This led to a diagnosis of "small localized abscess or more likely perinephritic abscess." Tuberculin test and the X-ray did not help us. Operation showed a large perinephritic abscess from which a staphylococcus similar to that found in the urine was obtained. Drainage was followed by recovery.

(5) Nephrolithiasis.

In this class of case the stone is present as a cause or effect of the renal disease. Mrs. L., 35, 25th March, 1908, 41.08, had been treated for cystitis with lavage of the bladder for three or four months. She had occasionally had some right sided pain rather indefinite in character. On cystoscopic examination the bladder showed an intense cystitis, the left ureter voided clear urine, the right after a short time emitted some thick purulent urine. The right side was evidently the source of the disease, but could we remove the right kidney should this prove necessary and what was the nature of the disease? Ureteral catheterization showed:

	Common	Right	Left
Reaction	alkaline	alk.	alk.
Sp. G.	1018	1007	1036
Sediment	turbid	turbid	clear
Urea	—	1%	3.2%
Alb.	++	+++	+
Sugar	—	0	.5%
Mx.	pus	pus	no pus

It was therefore quite safe to remove the kidney should this be necessary. An X-ray was not taken owing to some changes in this department, but the diagnosis of calculous nephritis was made. Operation confirmed this, but while it showed the kidney very considerably damaged, it was not irretrievably so, and had not a persistent hemorrhage compelled us to do a nephrectomy we might well have left the kidney in situ. Knowing, however, that the other kidney was perfectly sound we had no hesitation in removing the kidney rather than run the risk of further hemorrhage. Recovery is complete.

R., 30 ♂ 18th March, 1909, 33.09, had had attacks simulating renal colic though not very definite in character. Ureteral catheterization and cystoscopy showed, a well marked cystitis and the following values for the various urines: