physiology and pathology of the kidneys, they are organs of the same kind, but not symmetrical.

Nicolict reports a novel method, which he has employed with success in three suitable cases.

The patient rests for a few hours and the bladder is emptied. He uses abdominal massing over one kidney, collects the urine and bladder is washed; then the other kidney is massaged and urine collected.

Collecting the urine separately from each kidney is certainly the greatest achievement introduced into this field of work. For example in tuberculosis of the kidney, if a nephrectomy is to be done, which kidney is tubercular and what is the condition of the other? These questions may be decided by examining the urine obtained separately from each kidney by the use of the ureteral catheters. If a tubercular process be visible around the ureteral opening, then it is unnecessary to catheterize that ureter, as it no doubt leads to a tubercular kidney. Catheterization of the opposite and apparently healthy kidney is, however, indicated and the urine so obtained, examined chemically, bacteriologically and microscopically. These "older" methods of examining the urine should not be discarded, but used in every case.

Cryoscopy (cryos-frost) was suggested by De Coppet, in 1871. He pointed out the interesting fact that when a molecule or a definite part by weight of any substance is dissolved in a definite quantity of distilled water, the freezing point of the solution is always lowered to a definite degree: or in other words the lower the freezing point of a solution, the greater the concentration.

Raoult developed this idea in 1882, when he published the first systematic work on the subject of cryoscopy. This was not made use of in medicine until 1898, when Koryani, of Budapest, saw the value of this method in diseases of the kidney.

Cryoscopy of the urine has no value, except as compared with the blood. By the examination of a great number of normal cases, the urine has been found to freeze at from -0.9° to -1.8° cent. and when the mole cular concentration diminishes sufficiently to cause a freezing point above -0.9° , it is an indication of renal insufficiency. When renal insufficiency exists, waste products are retained in the blood and its freezing point is lowered. The normal freezing point of blood varies slightly between -0.57° and -0.55° , the normal being taken as -0.56° (Dreser).

Barth says: "The freezing point of the urine from diseased kidney is less than that from the sound or partially diseased, and the greater the difference, (one side being near normal) the greater the pathological process on the diseased side."