quite closely, just as hysteria may simulate almost any condition. It is not possible to give any hard-and-fast criteria by which to distinguish the two diseases; but a careful study of any case should distinguish the hysterical element when present.

The treatment of calculous anuria is obviously single—it is the knife. Henry Morris, who is the greatest authority on this subject, states "so useless is medicinal and expectant treatment that I have refused to attend consultations in cases of calculous anuria unless I have permission beforehand to operate at once if I think the case suitable." This is the proper attitude to assume. The patient may insist that he is entirely well; but the well-informed practitioner cannot afford to allow himself to be deceived until it is too late, until the uremic stage has come, and the patient's chances of recovery are practically lost.

Among Morris's operations twenty-one were performed on or before the fifth day of the disease, with a mortality of 30 per cent. Sixteen operated on after the fifth day gave a mortality of 50 per cent.; after this a 75 per cent. mortality in cases not operated upon.

There is one further point to which I wish to refer, that is the choice of operation. Patients in these cases, no matter how seemingly well they may be, are in reality suffering from a grave disease, hence the operation for the relief of calculous anuria should be of the simplest possible description.

No attempt should be made to extirpate the kidney, or to investigate for the presence or absence of calculus beyond inserting a finger rapidly into the pelvis. Indeed, if the calculus is large and impacted, it would seem wiser not to disturb it, even though it were readily excised. All that the patient requires is simple nephrotomy and drainage of both kidneys, and nothing else should be attempted upon him at that time.