to the average, the operation is attended with much less danger than if the quantity is much diminished.

Nephrolithotomy.

The surgery of stone in the kidney necessitates a knowledge that enables one to diagnose the condition. There is nothing that disorganizes a kidney more than the presence of a calculus. This disorganization takes place gradually, and if the stone is recognized early and removed, the disorganization is prevented. Operators have been too timid in the past, and it is only in late years that bold surgical procedures have been carried out for the relief of this condition.

Diagnosis.—Tubercle has a tendency to confine itself for a considerable time to the genito-urinary organs on the same side of the body. Stone in the kidney has a tendency to confine itself to one side for a considerable time. As the stone may pass down into the ureter and obstruct it, and as tubercular disease may also descend, the two conditions simulate one another still further.

Morris says that when stone or tubercle of the kidney is suspected in the male, careful examination, per rectum, of the prostate and vesiculæ seminales should be carried out. The presence of minute worm-like threads of mucus, visible to the eye, in the urine, feebly acid, neutral or even alkaline, points to prostatic disease. Urine containing a large quantity of pus and unusually acid, without the presence of these worm-like threads of mucus, points to tubercular disease of the kidney. Such quantities of pus are scarcely likely to be found in the urine if stone in the kidney is present unless considerable disorganization of the organ has taken place. If the stone is in the pelvis of the kidney, the kidney is more liable to become pyonephrotic and more pus, as a consequence, is found in the urine.

Mistakes in the diagnosis are more likely to be made in women than in men, because neurasthenia is more frequently met with in females, and neurasthenic patients are very liable to complain of pains that may simulate closely stone in the kidney. One of the most important signs of stone in the kidney is pain on deep local pressure over a small area below the last rib. When the urine is examined there may be only a microscopical show of blood. Pus, in such cases, is frequently present, and, if present, is found only in a small amount. After exercise such patients may pass a considerable quantity of blood in the urine. If it is now found that the hemorrhage is reduced by rest and brought on again by active exercise, we may be assured that the patient is suffering from stone in the kidney. I have seen such hemorrhage after exercise in cases of stone in the