

pointed out clearly the essential clinical points, it has only been within the last ten years that the diagnosis and treatment have been placed on a sound working basis; and even to-day the frequency and importance of the lesion is not generally understood by medical men. In 1885 H. Fisher, in the German Congress of Surgeons, condemned all extensive operation for tuberculosis of the kidney, especially nephrectomy; and in the same year von Volkmann said that he doubted whether operative treatment of the kidney or kidney, pelvis had any real value. Some six years later Madelung stated nephrectomy was indicated when it could be definitely established that the process was limited to one kidney. The results obtained at this time were not good, the mortality being between 28—47 per cent. With improved means of examination, the information gained by the X-rays, the cystoscope, catheterization of the ureters, and cryoscopic examination of the blood and urine, this operation has come to give most excellent results and is now regarded as being one of the most successful operations in surgery. We now know that tuberculosis of the kidney is a fairly common disease, that it is almost always the result of infection through the circulation, and that it is primary in one kidney in over 90 per cent. of cases. Primary is here used in the sense that in the individuals affected it is this focus which calls most urgently for treatment, it is strictly secondary to some small and important focus in lung, gland, or bones. Tuberculosis of the genito-urinary tract, with but few exceptions, begins at one of four points, the kidney, tubes, epididymis, or prostate. The symptoms of kidney tuberculosis frequently resemble those of other conditions, the principal ones being simple pyelitis and pyelonephritis, stone, and neoplasm. Other rarer conditions are the so-called essential kidney hemorrhage and polycystic degeneration. In ordinary cases, when a differential diagnosis has to be made the following procedures are adopted, careful history and physical examination, several X-rays taken, examination of urine for tubercle bacilli, etc., a cystoscopic examination of bladder, especially of the ureteral orifices, and cryoscopic examination of the blood. Following this method it has been possible to make a correct diagnosis in over 80 per cent. Resection of the kidney is to be practically discarded, and nephrectomy performed when the disease is limited to one kidney. If both are involved, or when the patient's general condition is such as not to warrant any radical operation nephrotomy as a palliative measure to be followed if recovery takes place in general condition by a one-sided nephrectomy is indicated.