

where its specific gravity and urea content are within normal limits, we need not hesitate to conclude that such a kidney being sound we can do what we will with the sister organ.

There is still much to be desired, however, in the case of bilateral disease; where our examination shows both kidneys to be affected equally or unequally. Can we or can we not resort to surgical measures? Here we must reason somewhat as follows. First, if the discrepancy in secreting power is very great, if one kidney shows that it is secreting little else than water while the other is but slightly affected and doing most, if not all, the renal excretion of the body, then we can safely conclude that interference with, even removal of the worse kidney will have little effect. But, secondly, where we have two kidneys, both equally affected or nearly so, and especially when in addition the freezing point of the blood is lowered, we are forced to conclude that all the renal tissue is taxed to its utmost and any removal of the same will cause renal insufficiency and death. In such a case, therefore, if it be compulsory to operate we must content ourselves with simple incision and drainage, bilateral if necessary.

Separate urines can also be obtained by means of the segregator, and in certain instances we may be compelled to depend on this instrument, but in our opinion the danger of incomplete separation of the urines, to say nothing of contamination from the bladder, and in renal disease the bladder is always more or less affected, renders such urines too uncertain to permit of accurate conclusions.

This is perhaps the place to advance an answer to such questions as the following. Upon which test or tests do you place most reliance in estimating the functional power of the kidneys? KümmeI still holds by the freezing point, Casper by phlorizin, many by methylene blue, etc., Rousing to urea determination and specific gravity.

All these tests have given brilliant results, but such a statement as that just made is scarcely true. None of these men depend solely on one test. The most important diagnostic aid is a careful microscopical examination of the urine, then the other tests. It has been our custom to trust to no single test, but to draw our deductions from the *total ensemble*. The specific gravity and urea content are always estimated. Freezing point and sugar content in most instances, indigocarmine rarely, and then only when special reasons call for it. Response to the induction of fluids is used somewhat more often. By taking the evidence supplied by all these tests a more correct idea is possible, each test may fail us for one reason or another, but it is rare that the failure of one is not corrected by the result supplied by the others.