

part of the rectum, the posterior bladder wall became involved and ulcerated.

Given a case of renal tuberculosis, the first question of importance is, what is the prognosis? Can a patient get well by medicinal, dietetic, and hygienic treatment alone?

There can be no doubt that in rare instances (See Guyon, Albarran, Bangs, Veszpreni, and others), there may be a recovery in the sense that the diseased organ has excited such an intense reaction in the surrounding tissues that it has become encapsulated in a sclerotic envelope, while the kidney has become utterly destroyed; such a process is invariably associated with an obliteration of the ureter.

I had a case of this kind many years ago in a young girl who had a fistula in the left groin, supposed to come from a tubercular affection of the vertebra. My renal catheter entered the full distance up into the pelvis of the right kidney, while on the left the catheter was suddenly checked several centimeters short of the distance reached by the right catheter, furthermore, there was no excretion gathered from the left ureter. This showed we had a dead kidney there, and the operation in the left loin revealed an old cheesy focus in the place of the left kidney, communicating with the opening in the groin. Complete recovery followed curettage and drainage.

In spite of such occasional instances of a quasi cure the rule holds good that the disease once settled in the kidney is both progressive and fatal in its termination, whether by extension down into the bladder or by forming sooner or later a focus for the distribution of the disease to other organs by neighboring lymphatics, or by the veins.

If this assertion is true, and my own experience fully corroborates the opinion of many eminent surgeons, then the best treatment for tuberculosis of the kidney is extirpation at the earliest possible date.

The best time to operate in an early case is as soon as the patient is in fair condition, not delaying over a week or two at the most, provided the diagnosis is certain. The best time to operate on an advanced case is within a few days. It is because the disease is progressive under all circumstances that I do not believe in sending away a patient who harbors such a pseudo-malignant affection, to try a climatic cure. I know of no recovery under such a Fabian plan.

The duration of the disease undisturbed may be protracted from sixteen or seventeen (in two of my cases) to twenty years (Frank), showing a remarkable tendency to remain in its