

On examining these urines the following conditions were found:—

R—Amt. 75 c.c. Acid. Sp. gr. 1025. Yellow. Mucoid matter. 1.7 per cent of urea. A trace of albumen. No sugar. Calcium oxalate. A few pus and blood cells. No tubercle bacilli. L—Amt. 20 c.c. Neutral. Sp. gr. 1008. Pale. Flocculent precipitate. 0.3 per cent of urea. No sugar. Epithelium. A good deal of pus. Pus and blood cells, and tubercle bacilli.

It was now quite clear that the chief disease was in the left kidney, that the disease was tuberculous, and that the kidney was functionally of little value. It was also demonstrated that the right kidney was functionally active, was sufficient alone to keep the blood at the normal density; in fact that the man was really living with his right kidney. It is obvious that any error, the result of admixture, would improve the showing. No evidence of tubercle could be found in any other organ. Nephrectomy was performed, no disturbance whatever followed, and he is now, four weeks after operation, going about with a good appetite, gaining in weight and able to hold his urine 2½ to 3½ hours, without the slightest discomfort. The last examination of the urine failed to find any tubercle bacilli. At the operation the ureter was felt as a tense, tight cord. This shortening due to the changes in the ureteral walls had elevated the left side of the trigone, thus changing the position of the ureteral opening, which made the operation of catheterization so difficult. Hurry Fenwick has described a similar condition. The kidney was excavated at both poles by tuberculous abscess cavities, and the central portion was occupied by large masses of cheesy material. Without ureteral catheterization it could not have been determined definitely that the bacilli were of renal origin, or if so, from which side, with sufficient certainty to warrant nephrectomy.

In another case, male;—pain felt in the left side. The urine contained pus, no blood, and there was a history suggesting tuberculous epididymitis. A cystoscopic examination was made and the ureters catheterized with the following results. About the left ureter was a small ulcer, and the urine coming from it could be seen to be more turbid than that from its fellow.

Right.—Clear mucous sediment. Sp. gr. 1009. Yellow. Alkaline. 2 per cent of urea. A few blood and epithelium cells. No bacilli. Left.—Turbid purulent sediment. Sp. gr. 1004. Very alkaline. .25 per cent of urea. Blood and pus in quantities. Tubercle bacilli present.

A tuberculous disease of the left kidney was demonstrated and the kidney was removed. It was found to be little more than a big pus