These considerations are worthy of the most serious consideration in determining our procedure in a given case. While experience has shown that involvement of the ureter and bladder does not preclude the possibility of successful surgical treatment, yet obviously it renders the outcome more uncertain. Involvement of the other kidney however is a contraindication to operation. While extensive dissemination of the disease to other parts or even a localized lesion in one lung, is generally considered as a contraindication to operation, it would be interesting to know the effect in a limited and improving pulmonary lesion of the removal of an advanced tubercular kidney. In a case of this sort recently under my observation the advanced renal involvement so absolutely precluded the possibility of recovery that, balancing the danger of shortening the patient's life in the faint hope of success against the otherwise inevitably fatal issue in a few months, I was prepared to suggest operation. The case was referred to Dr. Trudeau for opinion which was emphatically against any surgical interference. Though the pulmonary condition showed evidence of continued improvement the patient died in six months. Trudeau was probably right still one cannot help but wonder if the one hope of relief, though a forlorn one. was given the patient.

That marked improvement and even apparent cure occurs under medical treatment is quite true. In the case just referred to the clinical history showed conclusively that a serious illness four years previously was the beginning of the trouble. The patient's general health had been completely restored (with the exception of a symptomless pyuria), and under the physician's advice she was allowed to marry, the quiescent renal disease again showing evidence of activity before the birth of her first baby. Had rephrectomy been done during this quiescent period complete eradication of the disease might reasonably have been hoped for.

In the case of a young girl referred to me by Dr. Hazelwood of Bowmanville with a history dating back some five years, under medical treatment she gained 15 lbs. in weight and her general health was quite restored. Owing to the persistence of slight pyuria and attacks of severe pain however nephrectomy was done by Dr. McKeown with a most satisfactory result. The kidney was only slightly enlarged but showed not only old fibrocaseous lesions but more recent small caseous foci and miliary dissemination. The excellent condition of the patient's general health did not prepare one to look for such extensive, active renal mischief.