

difficult it is to come to a conclusion just when one should attempt nephrectomy and when one should not. Nephrectomy should never be done on a bad kidney until we know the other is competent to do the work. I have removed, with fatal results, one kidney, where the other was almost as bad. If catheterization shows both kidneys diseased we are hardly justified in removing what we deem to be the worse of the two. With regard to the treatment of renal tuberculosis, Dr. Armstrong has raised a point which has been much discussed, and it does seem rather radical treatment to remove a whole kidney for what turns out to be a very small lesion. It has been pointed out that when a patient has renal tuberculosis he will very shortly get tuberculosis of the bladder—a termination one hardly would wish for and for which so little can be done. We must be prepared to take rather greater risks in the kidney in order to get rid of a tubercular cystitis. On the other hand, the English surgeons are conservative, and Henry Morris advocates splitting the kidney, taking care to control all hæmorrhage, and doing a partial nephrectomy, removing only the small piece of diseased kidney tissue. This might be done in more of our cases instead of a complete nephrectomy, and with perhaps better results and certainly less risk.

W. GARDNER, M.D.:—I wish to add my word of admiration for this splendid piece of work with reference to the question of operation for tuberculosis of the kidney or other organ or viscus and the joints. I should like to ask if it has been the experience of any members of the Society that such intervention has been speedily followed by generalized tuberculosis or acute tuberculosis in some other, perhaps distant organ as for instance the brain. I have seen somewhere the opinion expressed that such is sometimes the case. Some years ago, I opened a large acute intraperitoneal tuberculous collection of pus. At the time of operation the patient, a girl of 16, had high temperature. A few days after operation she developed tubercular meningitis which ran a typical course to death in three weeks.

M. LAUTERMAN:—I note by the charts that there is only one instance in which the freezing point of the urine was recorded and I would like to ask Dr. Campbell's opinion of this method and whether he has used it at all regularly and if he has any opinion as to whether the method has proved all that has been claimed for it.

*(To be continued.)*