

depend on these two tests, if properly carried out, to give him a very good idea of the operative prognosis.

As a type instance of what I am considering, let us look at the cases, as they come to us, of obstruction of the lower urinary tract—a typical obstructing prostate. In a man in comparatively good condition, with only a moderate blood-pressure, with considerable residual, both without retention,—apparently a good risk,—we may find that the renal function, by phthalein and other tests, is reduced. We desire now to improve that function, institute methods of drainage, and it may appear that his condition is improving; but a careful study of renal function may show a steady fall in the amount of phthalein excreted and a very considerable nitrogen retention. This may be in advance of any clinical manifestations of trouble. Often the excretion of phthalein will fall from as great an output as 25 per cent. in the first hour after it appears, to unmeasurable traces; and not until it gets to the bottom of its fall will the patient show clinical symptoms. Then the excretion will begin to rise, and then the test, if all goes well, will begin to rise; but the patient will often improve more rapidly than does the test. If we operate on that patient, assuming that his condition is as good as it appears, in the face of a failing renal function, we shall kill him. If we operate during the rise, the prognosis is better; but we should wait until the rise has reached its crest, when the prognosis will be far better than when the patient first came under observation.

This type of condition in the kidney appears to me to be one not readily demonstrable, even by the pathologist. It depends on the acute congestion of the kidney and milder degrees of pyelonephritis, which do not produce a very permanent impression on the kidney, but reduces its functional capacity very rapidly and makes it a kidney from which we can ask little or nothing. Nevertheless, the power of the kidney to recover its function seems entirely good, and if we can give it a sufficient opportunity to do so, our prognosis will be of the best, and our mortality of the lowest.

Dr. Rowntree has already referred to the value of these tests of the severity of the disease in the two kidneys, so that one may be able to decide in advance of the operation whether the remaining kidney is of sufficient soundness to be compatible with life. That is a subject into which too little investigation is being made to-day in the general surgical world. I believe that it is possible at present