The advisability of draining a hydronephrotic kidney, temptingly movable and easily removable, was impressed upon me by one of my cases. A young girl had a tumor in the right loin which was supposed by some to be an ovarian cyst, by others to be hydronephrosis. I operated through the loin, feeling satisfied that the tumor was one of the kidney, tapped the tumor and drew it out; with it came the kidney. A ligature could have been thrown about the pedicle with the greatest ease, and the whole kidney could have been removed, but, imbued with the force of Mr. Morris' statement, that we should grow more conservative in these cases than we had been in the past, I decided to fasten the cyst wall in the wound. Several of my confrères thought that I should have performed nephrectomy. Two weeks after the first operation, the temperature became elevated and a swelling appeared over the other kidney, and abscess formed in it. This had evidently been forming coincidently with the one on the right side. I opened and drained this abscess and was now satisfied that the disease was tubercular, although at the first operation I thought the cyst was scarcely of tubercular origin. The patient has since succumbed to pulmonary phthisis.

We must always remember that in operations on tubercular kidney, there is a danger that the other kidney is already affected. Up to the present time I have always refrained from removing the tubercular kidney as a primary operation, unless it was entirely disorganized at the time. On two occasions the kidney was so disorganized that nothing but a shell was left, with no secreting structure, and immediate nephrectomy was performed. The patients recovered from the operation; one is still living and the other has succumbed to pulmonary phthisis.

In all the other cases of tubercle simple nephrotomy has been performed, and the kidney has been taken out at a subsequent period when the patient has recovered from the emaciation and loss of strength consequent upon the septicemia, when the strength is much better able to withstand the shock of the more serious operation. Even though the tubercular kidney is removed, we must take the risk of acute tuberculosis and this tuberculosis may set in after a nephrotomy before the convalescence is completely established.

It is marvellous to note the improvement of these patients after the pus has been drained from the kidney. They put on many pounds in weight, and begin to look robust and hearty.

It is much more difficult to remove a kidney after it has been nephrotomized. If hemorrhage is troublesome after nephrotomy, it can usually be controlled by means of packing, together with a pad in front of the loin and a firm bandage. If the hemorrhage is arterial, forceps may be applied on the bleeding vessels, and left *in situ* for twenty-four hours. I have con-