

a successful nephrectomy having been done for any purpose in a child as young.

The macroscopic appearance of the cut kidney showed the pyramids and the cortex intensely congested and soft, while in five or six places throughout the kidney substance there were round areas about the size of a marble, which were lighter in color and firmer in consistence than the surrounding parts. I thought at the time that these were foci of rapidly growing sarcoma, but Dr. Gillies, who examined several slides from them, reported that they were areas packed with white blood cells, and that they were about to break down into abscesses.

One thing that may be well worth reporting is the method that I use in obtaining specimens of urine from a young child. The very difficulty in obtaining urine from this class of patients I believe leads to a great many errors in diagnosis, and if the urine were examined more frequently that there would be less slashing and mutilation of the gums in the supposition that that long-standing "bogie," the teeth, is the cause of all the trouble in infants that a careless examination fails to reveal.

The common method to obtain urine is in male children to fasten a test tube to the penis and await developments, and in female children to place about the vulva a pad of absorbent cotton and express the urine from it. Anyone who has tried these methods will condemn the former as being difficult, clumsy and inefficient, and the latter for introducing too much extraneous material into the urine.

The method I have used is to choose a time from one and a half to two hours after the child has urinated and then to introduce into the rectum one or two ounces of cold water. This should be introduced as rapidly as possible by means of a simple bulb syringe. Almost invariably I have found that a stream of urine will be thrown from the urethra, which can easily be caught in a vessel.