friend, Prof. Wm. Osler, of Mr. Geo. Gooderham, of Mr. E. B. Osler, Mr. Timothy Eaton, and the executors of the estate of the late H. A. Massey, ten thousand dollars are already in sight.

I desire to thank this Association for the great honor it has conferred upon me, and to thank those who have organized and

arranged this meeting.

I feel sure that the hope and desire of every member of this vigorous twenty-four-year-old Association is that it may long be spared to write, to teach, and to guide the medical profession of this our great province.

NEWER METHODS OF DIAGNOSIS OF KIDNEY GASES AS APPLIED TO RENAL SURGERY.*

BY W. A. HACKETT, M.B.,

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I appreciate the honor conferred on me in being allowed to present a paper before this representative medical society of my native province. Whilst there is practically nothing original in this essay, your attention is called to some of the newer methods in diagnosis of kidney diseases which have been introduced since 1885, and which aid us in telling whether it is safe to operate or not on a diseased kidney.

Cystoscopy, or inspection of the interior of the bladder, is performed by two kinds of instruments: one perfected by Nitze, Casper, and Leiter, containing a lens system, and using water in the bladder, and the other variety by Howard Kelly and others, in which the bladder is filled with air. It is possible to tell, whether there is any inflammation or ulceration of the bladder mucosa, and also the number, position and appearance of the ureteral openings. Sometimes there is only one kidney and one ureteral orifice. The urine is seen to spurt from the ureteral openings, and this spurt may appear clear, cloudy, bloody or purulent. Much information may be gained about the activity of the kidneys by watching the contractions of the

^{*}Read before the Ontario Medical Association, at Toronto, June, 1904.