about a month after the index was as low as 1.2. Such figures, in chronic disease, certainly determine a grave prognosis. But, unless the condition is known to be progressive, it is difficult to give a prognosis with regard to the duration of life. Other aspects of the disease must, of course, be considered in attempting a prognosis.

Progressive decrease in the index, usually associated with a corresponding increase in the concentration of urea in the blood, is of serious import. Two cases have recently been under observation in which such a fall in the index was followed by death within a short time. In one case the fall in the index was the first indication of impending uremia, although the first symptoms did not occur until ten days after the discovery of a change in the index.

Use of the index as a guide to dietetic or other treatment of nephritis must depend on further studies. It is doubtful whether the diminished urea content of the blood which follows a diminished nitrogen intake has any direct beneficial effect. Whether a long continued rest of the urea function will improve that function remains to be demonstrated. On general principles, an impaired function should not be overtaxed, and a restricted protein intake should be advised in cases with a markedly lowered index of excretion. But brutal restriction of nitrogen intake to below the nitrogen requirement of the body does not seem to be indicated in cases capable of excreting normal amounts of urea, though the blood nitrogen may be high and the index low.

The influence of diuretic drugs also requires further study. Here the findings will depend on the type of case studied, and it is necessary to have a satisfactory method for grouping them. Study of diuretic drugs, involving also their effect on chlorid function, is in progress.

Application of the index is seriously interfered with when water excretion is greatly diminished, as in passive congestion or in some forms of nephritis. The laws of urea excretion depend on a sufficiently rapid rate of urine excretion, and they fail to apply when the water output is greatly diminished. We make it a general rule not to attempt to apply the index when a rate of urinary outflow equal to at least 500 c.c. in twenty-four hours cannot be attained. Otherwise there are practically no limitations as to its applicability.

SUMMARY

We present a relatively simple method, based on the laws of Ambard, for the direct quantitative determination of the state of the function which has to do with the elimination of urea. The method is applicable in a wide range of cases, easy of performance, and gives results which should prove of great value in the recognition, prognosis and treatment of certain conditions associated with impairment of renal function.

FOREIGN BODIES SWALLOWED BY AN INSANE WOMAN

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The practice by professionals of swallowing foreign bodies, and the mania for doing so by the insane, has contributed to medical literature reports of instances of the most grotesque assortment of articles having been retained in the stomach for long periods, without injury to the mucous membrane and without producing symptoms. The case I report is somewhat novel in that the patient exhibited a preference for one article, namely, teaspoons. The limit of this woman's capacity, had her habit not been discovered and interrupted, can only be conjectured. The nurse in charge of a ward at the Rochester State Hospital by chance saw a teaspoon disappear into the woman's mouth. A roentgenogram was immediately made which showed apparently three or possibly four spoons in the stomach.

The woman was 29 years of age, was evidently in perfect physical health, and, as far as could be determined, had suffered no distress or inconvenience from the presence of the spoons.

Sept 1, 1915, a gastrotomy was done, and seven teaspoons, instead of the supposed three or four, were found. They were lying together "spoon fashion" (which explains the roentgenogram), and a hairpin, some straw and small pieces of twigs lay around them. After removal of the spoons and debris, the stomach was carefully examined for possible injury. Other than a rather large ptotic

organ and a hypertrophied and congested mucous membrane, however, no evidence of injury was found. The spoons, which were of plated Utah metal, were not bent and showed no erosion. They were a little larger than a standard teaspoon, being 6 inches in length and $1\frac{1}{2}$ inches across the bowl. The patient made an uneventful recovery.

Roentgenogram showing teaspoons and a hairpin in the stomach.

A Medicolegal Judgment.—In Ontario recently a woman, on each of whose breasts an operation had been performed, brought action for damages against the surgeon who performed the operation. The patient consulted her physician about a lump in one of her breasts. He found another lump in the other breast and secured her consent to the removal of both lumps. Some time after the operation, trouble arose in the arm of the second side operated on. The surgeon was accused of doing an operation in which consent had not been given. The presiding judge, after hearing a considerable amount of evidence, held that a surgeon is justified in performing a second operation under circumstances in which the case demands more be done than first detected or revealed; in fact he might be open to blame if he did not perform such operation, if it could be shown that such operation was necessary for the cure of the patient.