position. Renograms obtained revealed abnormal tracings bilaterally with delayed excretion phase, and the abnormalities varied to the degree of the severity of this disturbance. In most severe cases, renogram tracings revealed rising slopes on the both sides, and then descending slopes appeared as the children recovered from the shock condition. Thus, renography seems to be a valuable test to know the state of occurrence and recovery of orthostatic dysregulation.

Clinical Evaluation of Renograms in Urology

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Unilateral renal disease is a frequently encountered disease in urology.

Therefore the split renal function test, especially renography, has become one of the most important and rewarding test in recent years.

Clinical efficiency of the renography was evaluated on various GU diseases, hydronephrosis and non-visualizing kidneys, in particular concerning diagnosis and prognosis.

The non-visualized kidney referred here was defined as the kidney which revealed no excretory pyelograms by routine IVP.

In assessing the renograms, obtained patterns were classified into six types, namely normal N-type, non-functioning L-type and four intermediate-type, M1, Ml, M2 and Mm.

Of the non-visualizing kidneys, the L-type renogram indicated poor prognosis in general, while the MI-type resulted in poor prognosis also in approximately 50% of the cases. All the remaining patterns and up with good prognosis.

It was of interest that some of the L-type patients (non-functioning in renography) showed positive renoscintigrams at times. This fact was presumably due to difficult positioning of the detector.

By following the repeated renograms in sequence, prognosis of the hydronephrotic patients could be better known at earlier stage. This was believed to be a better way to tell each patient’s out-come than series of IVP.

In summary, it was shown that the renograms could be useful adjuncts in functional recovery of the urological diseases, particularly of hydronephrosis and non-visualizing kidneys.

The Renogram Test in Gynaecology

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We have had a survey concerning the renogram utilization in gynaecologic field by direct mail questioning for 49 hospitals of medical school. From the survey it was found that the renogram being applied in most hospitals as a laboratory test of the cervical carcinoma of the uterus, and in several hospitals it being applied for the diagnosis of the toxemia of pregnancy. The routine testing of renogram was done only in 10 hospitals. The opinions