First Meeting of the Australasian Society of Nephrology
The first meeting of the Australasian Society of Nephrology was held at the University of Melbourne during 1st-3rd December, 1965. Twenty-two free communications and two symposia on ‘Renal Failure Following Surgery’ and ‘Hormones and the Kidney’ were presented.

Israel Society of Nephrology
The scientific meeting of the Israel Society of Nephrology was held at the Tel-Hashomer Government Hospital on February 2, 1966.

Dr. I. S. Edelman, University of California, San-Francisco, gave a guest lecture on the cellular mechanism of action of aldosterone. He had been able to show that aldosterone stimulates the active transport of sodium by the production of an intracellular protein. This protein increases the amounts of ATP produced by oxidative phosphorylation, resulting in a higher rate of energy available to the sodium pump which transports more of this ion across the cell membrane.

Dr. F. Dalith (Department of Diagnostic Radiology, Tel-Hashomer Hospital), presented an attempt to estimate and even quantitate the renal blood flow by trans-aortic nephroangiography, and to obtain from it some physiological meaning by observing flow disturbances in addition to those of morphology. He claims that in unilateral renovascular hypertension, ‘Renal Dyskinemia’ i.e. disturbances of renal blood flow, precedes renal dysfunction and dystrophy. Dr. Y. Garti (Beilinson Hospital, Petah Tikvah), referred especially to disturbances in renal flow in renal hypertension as seen in nephroangiography, thus supporting Dr. Dalith. Prof. M. Toor (Beilinson Hospital, Petah Tikvah), presented patients working in hot desert climates. He found that these patients cannot reach a maximum urine concentration, probably because they sweat a few liters a day with a concentration of urea of 430 mg%, therefore leaving less urea for the kidneys to be excreted. These patients continue to lose weight throughout the week and develop hyper-natremia towards the end of the week.

Dr. A. Aviram (Hadassah University Hospital, Jerusalem), presented three cases who received 2500 ml of 10% mannitol postoperatively, one of whom died. Peritoneal dialysis was found to be much less effective in removing the mannitol than hemodialysis.

Dr. M. Modai (Donollo Government Hospital, Tel-Aviv-Jaffa) presented a case of hypernephroma in a solitary kidney who developed persistent uremia. Decapsulation of the kidney brought about a slight regression in the uremia, and an increase of creatinine clearance from 4 ml/min to 8-9 ml/min.