patient suffered severe pain in the loin and along the course of the ureter, due probably to ureteral clot. The following morning I brought her home to Wingham. She was now becoming blanched and anemic in appearance. Dr. Schenck also made a culture from urine and blood of diseased kidney, and on October 24th wrote me as follows: "The culture made from urine and blood from left kidney has remained sterile. This, of course, does not rule out tuberculosis, for tubercle bacilli will not grow in this way. I can find no pus in the sediment. If any be present, it is in such small quantities that it is impossible to find it in the presence of so much blood. The albumen is about that (in quantity) to be expected from the blood. I am much interested in the case, and trust that you will not fail to let me know the outcome. Thanking you for letting me see Miss K., sincerely yours, B. R. Schenck."

In the diagnosis of this case now, four causes suggested themselves: 1, Tuberculosis (possibly); 2, Stone; 3, New growth; 4, Nephritis.

The blood is not profuse in the early history of tuberculosis. The profuse hemorrhage in kidney tuberculosis being usually associated with its later stages of ulceration. Frequency of micturition is a very common, perhaps almost constant, symptom in renal tuberculosis, and while this symptom does not necessarily precede the hematuria, it almost invariably occurs before such profuse hemorrhage sets up.

These facts led me to eliminate tuberculosis. The patient had no evidence of cardiac disease. Stone had not necessarily been excluded by the negative radiographs as one form of stone, the urates, is not always shown by the X-ray. The extreme rarity of stone as a cause of symptomless hematuria, and the facts that hemorrhage in renal calculus is not profuse, led me to conclude that my case was due to either new growth, or nephritis. The latter, Elliott says, it is usually impossible to diagnose from the urine while the hematuria lasts, and, of course, there were no other symptoms to go by. As Fenwick laid so much stress on the hematuria being profuse in malignancy, I inclined to expect a malignant growth.

October 23rd. Patient has lost nine pounds in weight since September 18th, is pale, dizzy and light-headed on attempting to walk. Pulse 68, temperature normal. On October 24th, assisted by Drs. McAsh and Redmond, Dr. J. E. Tamlyn, anaesthetist, through the oblique lumbar incision, I brought the kidney out on the loin, and examined it. The lower part of the kidney was